2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2009
Secretary of State

DOCUMENT# P99000018669

Entity Name: PHYSICAL MEDICINE & REHAB OF BREVARD PA

Current Principal Place of Business:

270 N SYKES CREEK PKWY
SUITE 106
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

PO BOX 560727
ROCKLEDGE, FL 32956

New Mailing Address:

FEI Number: 59-3560067 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVERA, ANTONIO
1775 ROCKLEDGE DRIVE
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RIVERA, ANTONIO
Address: 1775 ROCKLEDGE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP ( ) Delete
Name: RIVERA, PENNY
Address: 1775 ROCKLEDGE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PENNY RIVERA VP 06/26/2009

Electronic Signature of Signing Officer or Director — Date