2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# P99000104201

Entity Name: FLORIDA ORTHOPEDIC REHABILITATION ASSOCIATES, P.A.

Current Principal Place of Business:

101 N. MONROE STREET, SUITE 725
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

101 N. MONROE STREET, SUITE 725
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 65-0977886 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE, KENNETH A
101 N. MONROE STREET, SUITE 725
TALLAHASSEE, FL 32301 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: PD ( ) Delete
Name: ASHRAF, BAHMAN
Address: 120 WOOD AVENUE, SOUTH STE. 305
City-St-Zip: ISELIN, NJ 08830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: A. KENNETH LEVINE RA 01/05/2005
Electronic Signature of Signing Officer or Director Date