

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S90881

FILED
Sep 01, 2004
Secretary of State

Entity Name: REHABILITATION PHYSICIANS, P.A.

Current Principal Place of Business:

300 ROYAL PALM WAY
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

300 ROYAL PALM WAY
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 65-0296151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNEEN, JEFFREY D ESQ.
% LEVY, KNEEN, MARIANI
1400 CENTREPARK BLVD., SUITE 1000
WEST PALM BEACH, FL 33401 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FARBER, JEFFREY S
Address: 2570 HAMPTON BRIDGE
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: FARBER, JEFFREY S
Address: 2570 HAMPTON BRIDGE
City-St-Zip: DELRAY BEACH, FL 33445

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: JEFFREY S. FARBER, MD

CEO

09/01/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date