

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S90881

FILED
Apr 28, 2008
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:

1325 SOUTH CONGRESS AVENUE
#208
BOYNTON BEACH, FL 33426

FEI Number: 65-0296151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANAT, MITCHELL
2570 HAMPTON BRIDGE ROAD
DELRAY BEACH, FL 33445 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: CEO () Delete
Name: FARBER, JEFFREY S
Address: 2570 HAMPTON BRIDGE
City-St-Zip: DELRAY BEACH, FL 33445

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: JACOB, LOCHNER
Address: 300 ROYAL PALM WAY
City-St-Zip: PALM BEACH, FL 33480

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: JEFFREY FARBER

PRES

04/28/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date