


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2004 08:00 AM
Secretary of State

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| DOCUMENT # V62287 |  |
| 1. Entity Name SPORTS, REHABILITATION AND PHYSICAL MEDICINE SPECIALISTS, INC. | |

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| Principal Place of Business 7147 CURTISS AVE SARASOTA, FL 34231 US | Mailing Address 1447 PEREGRINE POINT DR SARASOTA, FL 34231 |
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01292004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0346730 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent TUCCI, MARI E. KOERNER 1447 PEREGRINE POINT DR SARASOTA, FL 34231 |
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| 8. 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. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000078157 03/08/04-80016-013 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TUCCI, MARI E. KOERNER 1447 PEREGRINE POINT DR SARASOTA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP TUCCI, STEVEN M PHD 1447 PEREGRINE PT DR SARASOTA, FL 34231 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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|---|---------------------|--------------------------------|
| SIGNATURE: <i>Mari E. Koerner Tucci</i> | <i>3/29/04</i> | <i>(941) 921-5809</i> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |

MARI E. KOERNER Tucci