

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # V67243

1. Entity Name
PHYSICAL MEDICINE & REHAB. CENTER, P.A.



Principal Place of Business
**1125 N CTRL AVE
KISSIMMEE, FL 34741 US**

Mailing Address
**1125 N CTRL AVE
KISSIMMEE, FL 34741 US**



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3143943	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ESTAMPADOR-TAN, JOSEPHINE
1125 N CTRL AVE
KISSIMMEE, FL 34741**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000852331
03/26/08-20024-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TAN, JOSEPHINE
STREET ADDRESS	1125 N. CENTRAL AVE.
CITY-ST-ZIP	KISSIMMEE, FL 34741

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-08

Date

407-931-1887

Daytime Phone #