2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# P99000004101

Entity Name: PROFESSIONAL THERAPY & REHAB SERVICES, INC.

Current Principal Place of Business:

5725 CORPORATE WAY
SUITE # 108
WEST PALM BEACH, FL 33407

New Principal Place of Business:

201 LONE PINE DRIVE
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

201 LONE PINE DR
PALM BEACH GARDENS, FL 33410

New Mailing Address:

201 LONE PINE DRIVE
PALM BEACH GARDENS, FL 33410

FEI Number: 65-0900299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOMB, MARC B
201 LONE PINE DR
PALM BEACH GARDENS, FL 33410 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: P ( ) Delete
Name: DOMB, MARC B
Address: 201 LONE PINE DR
City-St-Zip: PALM BEACH GARDENS, FL 33410

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 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: MARC DOMB P 01/09/2007
Electronic Signature of Signing Officer or Director Date