


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000012034 1. Entity Name THE PROPERTY REHAB CORP, INC.	
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Principal Place of Business 3526 OBERON AVE. BOYNTON BEACH, FL 33436	Mailing Address 3526 OBERON AVE. BOYNTON BEACH, FL 33436
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04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0926099	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAVIS, HYACINTH 3526 OBERON AVE. BOYNTON BEACH, FL 33436

**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 <small>Signature, typed or printed name of registered agent and file 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO DAVIS, HYACINTH PO BOX 3768 BOYNTON BEACH, FL 33424
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OM DAVIS, KEITH L PO BOX 3768 BOYNTON BEACH, FL 33424
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DAVIS, HILDA M PO BOX 3768 BOYNTON BEACH, FL 33424
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/05/04-80050-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: 	Date: 4/27/04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	