

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000052198

FILED  
Mar 11, 2010  
Secretary of State

**Entity Name:** PROFESSIONAL CARE REHAB, INC.

**Current Principal Place of Business:**

33920 US HWY 19 N  
SUITE 341  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

33920 US HWY 19 N  
SUITE 341  
PALM HARBOR, FL 34684

**New Mailing Address:**

**FEI Number:** 59-3725174

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MENKHAUS, DAVID J  
1900 GLADES ROAD  
SUITE 401  
BOCA RATON, FL 33431 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:** PD  
**Name:** BRAGG, GARRETT W  
**Address:** 6450 NW 5TH WAY  
**City-St-Zip:** FT. LAUDERDALE, FL 33309

**Title:** VPD  
**Name:** ALT, LES  
**Address:** 6450 NW 5TH WAY  
**City-St-Zip:** FT. LAUDERDALE, FL 33309

**Title:** SD  
**Name:** BRAGG, DENISE  
**Address:** 6450 NW 5TH WAY  
**City-St-Zip:** BOCA RATON, FL 33309

**Title:** TD  
**Name:** MENKHAUS, DAVID J  
**Address:** 6450 NW 5TH WAY  
**City-St-Zip:** FT. LAUDERDALE, FL 33309

I hereby 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 all other like empowered.

**SIGNATURE:** GARRETT BRAGG

PD

03/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date