


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90031 023 ***150.00

DOCUMENT # P01000088232			
1. Entity Name PROGRESSIVE ORTHOPEDIC AND REHABILITATION, INC.			
Principal Place of Business 1571 N PALM AVENUE PEMBROKE PINES, FL 33026		Mailing Address 1571 N PALM AVENUE PEMBROKE PINES, FL 33026	
2. Principal Place of Business 1321 N. Palm Avenue Suite, Apt. #, etc.		3. Mailing Address 1321 N. Palm Avenue Suite, Apt. #, etc.	
City & State Pembroke Pines, FL		City & State Pembroke Pines FL	
Zip 33026	Country US	Zip 33026	Country US
6. Name and Address of Current Registered Agent SPEYER, SIMONE R 11336 NW 14 COURT PEMBROKE PINES, FL 33026		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u><i>Simone Speyer</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/1/04</u>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPEYER, SIMONE 11336 NW 14 COURT PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: <u><i>Simone Speyer</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>4/1/04</u> Daytime Phone #	

94051478



04052004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1138148

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required