

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000003542

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: PEDIATRIC POTENTIALS REHAB, INC.

**Current Principal Place of Business:**

510 WHITTINGHAM PLACE  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

510 WHITTINGHAM PLACE  
LAKE MARY, FL 32746

**New Mailing Address:**

FEI Number: 01-0561600

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARNONE, BRIAN S  
510 WHITTINGHAM PLACE  
LAKE MARY, FL 32746

**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: DPT ( ) Delete  
Name: ARNONE, BRIAN S  
Address: 510 WHITTINGHAM PLACE  
City-St-Zip: LAKE MARY, FL 32746

Title: DS ( ) Delete  
Name: SHANKS, KELLI A  
Address: 510 WHITTINGHAM PLACE  
City-St-Zip: LAKE MARY, FL 32746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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 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: BRIAN ARNONE

DPT

01/06/2004

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

\_\_\_\_\_  
Date