


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 28, 2005 08:00 AM  
Secretary of State

DOCUMENT # P02000022601	
1. Entity Name PRO MEDICAL & REHABILITATION CENTER, INC.	

Principal Place of Business 7706-B HILLSBOROUGH AVE TAMPA FL 33615	Mailing Address 7706-B HILLSBOROUGH AVE TAMPA FL 33615
--------------------------------------------------------------------------	--------------------------------------------------------------

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number 41-2028790	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  CABO, PEDRO L 6604 N BLOSSOM AVE TAMPA FL 33614	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P CABO, PEDRO L 7706-B HILLSBOROUGH AVE TAMPA FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	000000201849 <input type="checkbox"/> Change <input type="checkbox"/> Add 01/28/05-80084-004 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Pedro L. Cabo - President 1-28-2005 (813) 882-0873  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #