2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000022601

1. Entity Name
PRO MEDICAL & REHABILITATION CENTER, INC.

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

DO NOT WRITE IN THIS SPACE

01132007   No Chg-P   CR2E034 (11/05)

4. FEI Number | Applied For
41-2028790 | Not Applicable

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

6. **Name and Address of Current Registered Agent**

CABO, PEDRO L
6604 N BLOSSOM AVE
TAMPA, FL 33614

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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 _____   DATE

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CABO, PEDRO L
STREET ADDRESS	7706-B HILLSBOROUGH AVE
CITY-ST-ZIP	TAMPA, FL 33615

TITLE	
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02/01/07-80042-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _PEDRO LOIS CABO CABO_   President   1/27/07   (813) 882-0833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #