2003 UNIFORM BUSINESS REPORT (UBR)

FILED

03 FEB 27 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500013283635
02/28/03--01078--025 **150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000022601

Entity Name
PRO MEDICAL + REHABILITATION CTR, INC

Principal Place of Business	Mailing Address
7706-B W. HILLSBOROUGH AVE TAMPA, FL 33615-4708	SAME

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

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ELIZABETH SALVIA 7706-B. W. HILLSBOROUGH AVE TAMPA, FL 33615	Name: PEDRO L. CABO Street Address (P.O. Box Number is Not Acceptable): 6604 N. BLOSSOM AVE City: TAMPA FL Zip Code: 33614

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: [signature] 2/3/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent's signature required when reinstating) DATE

☐ This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!! FEE IS $150.00
After MAY 1, 2003 Fee will be $550.00
Make Check Payable to Department of State

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

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP PEDRO L. CABO 7706-B W. HILLSBOROUGH AVE TAMPA, FL 33615 ☐ Delete	TITLE: PRESIDENT ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ELIZABETH SALVIA 7706-B W. HILLSBOROUGH AVE TAMPA, FL 33615 ☒ Delete	TITLE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE ☐ Change ☐ Addition

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 2/3/03

CR2E034 (9/99)