

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90046 021 ***150.00

DOCUMENT # P02000026259
 1. Entity Name
 PERFORMANCE REHAB INSTITUTE & SPORTS MEDICINE INC.



Principal Place of Business
 3720 TAMPA ROAD
 PALM HARBOR, FL 34684

Mailing Address
 3720 TAMPA ROAD
 PALM HARBOR, FL 34684

40019780



2. Principal Place of Business - No P.O. Box #
 3450 EAST LAKE RD.
 Suite, Apt. #, etc.
 Ste. 101

3. Mailing Address
 3450 EAST LAKE RD.
 Suite, Apt. #, etc.
 Ste. 101

02062007 Chg-P CR2E034 (12/06)

City & State
 PALM HARBOR, FL

City & State
 PALM HARBOR, FL

Zip
 34685

Country
 USA

Zip
 34685

Country
 USA

4. FEI Number
 01-0622972

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 A1A REGISTERED AGENT, INC.
 25 S.E. 2ND AVE., SUITE 1036
 MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name
 TODD S. MINEAR
 Street Address (P.O. Box Number is Not Acceptable)
 3450 EAST LAKE RD.
 Ste. 101
 City
 PALM HARBOR FL Zip Code
 34685

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 TODD S. MINEAR DATE 2-14-07

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD MINEAR, TODD S 3720 TAMPA ROAD PALM HARBOR, FL 34684	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MINEAR, TODD 3450 EAST LAKE RD. - Ste. 101 PALM HARBOR, FL 34685	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: TODD S. MINEAR DATE 2-14-07 DAYTIME PHONE # 727-781-1223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR