

**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 Mailing Address  
 3720 TAMPA ROAD 3720 TAMPA ROAD  
 PALM HARBOR, FL 34684 PALM HARBOR, FL 34684

40019780



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 3450 EAST LAKE RD. 3450 EAST LAKE RD.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 Ste. 101 Ste. 101

02062007 Chg-P CR2E034 (12/06)

City & State City & State  
 PALM HARBOR, FL PALM HARBOR, FL  
 Zip Country Zip Country  
 34685 USA 34685 USA

4. FEI Number Applied For  
 01-0622972 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 2-14-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 2-14-07 727-781-1223  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #