

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000026259

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Entity Name:** PERFORMANCE REHAB INSTITUTE & SPORTS MEDICINE INC.

**Current Principal Place of Business:**

3450 E. LAKE RD  
SUITE 101  
PALM HARBOR, FL 34685

**New Principal Place of Business:**

**Current Mailing Address:**

3450 E. LAKE RD  
SUITE 101  
PALM HARBOR, FL 34685

**New Mailing Address:**

**FEI Number:** 01-0622972      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MINEAR, TODD S  
3450 E. LAKE RD  
SUITE 101  
PALM HARBOR, FL 34685 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**Title:** PSTD  
**Name:** MINEAR, TODD S  
**Address:** 3450 E. LAKE RD, STE 101  
**City-St-Zip:** PALM HARBOR, FL 34685

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TODD S MINEAR

PSTD

03/31/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date