

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000032373

FILED
Mar 29, 2006
Secretary of State

Entity Name: PRIME MEDICAL REHAB CENTER INC.

Current Principal Place of Business:

2331 N. STATE ROAD 7
STE 112
LAUDERHILL, FL 33313

New Principal Place of Business:

2331 N. STATE ROAD 7
STE 118
LAUDERHILL, FL 33313

Current Mailing Address:

2331 N. STATE ROAD 7
STE 112
LAUDERHILL, FL 33313

New Mailing Address:

2331 N. STATE ROAD 7
STE 118
LAUDERHILL, FL 33313

FEI Number: 04-3630982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, JOSE
12839 PEMBROKE PINES
FLORIDA, FL 33028 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHORATH, CYRIL
Address: 15901 N. SEDGEWYCK CIRCLE
City-St-Zip: DAVIE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CYRIL CHORATH

D

03/29/2006

Electronic Signature of Signing Officer or Director

Date