

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90348 048 ***150.00

DOCUMENT # P02000058629

1. Entity Name
PERFORMANCE HOME REHAB, INC.



Principal Place of Business
**100 S PINE ISLAND RD STE 136
PLANTATION, FL 33324**

Mailing Address
**2630 HOLLYWOOD BLVD.
100
HOLLYWOOD, FL 33020**

2. Principal Place of Business **STE 100
2630 Hollywood Blvd**

3. Mailing Address

Suite, Apt. #, etc.
Hollywood FL

Suite, Apt. #, etc.

City & State
33020

City & State

Zip Country

Zip Country

04082004 Chg-P CR2E034 (10/03)

4. FEI Number
04-3710161

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MEVORAH, BRIAN M
100 S PINE ISLAND RD STE 136
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**2641 NE 47TH ST.
LIGHTHOUSE POINT**

City

FL

Zip Code

33064

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

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MEVORAH, BRIAN M**
STREET ADDRESS **2641 NE 47TH ST.**
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BRIAN MEVORAH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04
Date

954 916 5633
Daytime Phone #



44039703

P02000058629

PATIENT INFORMATION / INSURANCE SHEET

Date 4/19/04
Name Alton Davis Social Security # 594-03-8018
Address 208 W 28th Ave City Ft. L. State FL Zip 33311
Telephone 954 5876462 Work Cell 954 2441711
Date of Birth 11/20/79 Age Sex Occupation
Physician's Name Dr. Veen CC: neck, back
Initial Appointment 4/21/04 @ 1:00 p.m. North Ridge
no x-rays

LIABILITY INSURANCE INFORMATION

Date of accident 4/3/04 % Paid Med Pay Ded Met Policy Amount
Who is insured Schuy Francis Relationship Driver
Policy # Claim #
Claims mailing address US Security
Adjustor Phone #

SECONDARY INSURANCE

Provider Phone Number
Group Number ID Number
Address

ATTORNEY INFORMATION

Name of attorney Heidi Goldblum
Address
Telephone Legal assistant/contact

Hot
Run
no ticket