

Apr 27 05 08:38a

ALAN PASTOR CPA

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90100 026 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

| | | | |
|---|---|--|---|
| DOCUMENT # P02000058629 | |  | |
| 1. Entity Name PERFORMANCE HOME REHAB, INC. | | | |
| Principal Place of Business 2630 HOLLYWOOD BLVD STE 100 HOLLYWOOD, FL 33020 | | Mailing Address 2630 HOLLYWOOD BLVD. 100 HOLLYWOOD, FL 33020 | |
| 2. Principal Place of Business 2303 Hollywood BLVD | | 3. Mailing Address 2303 Hollywood BLVD | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State HOLLYWOOD FL | | City & State HOLLYWOOD FL | |
| Zip 33020 | | Country USA | |
| 4. FEI Number 04-3710161 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MEVORAH, BRIAN M 2641 NE 47TH ST LIGHTHOUSE POINT, FL 33064 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MEVORAH, BRIAN M 2641 NE 47TH ST. LIGHTHOUSE POINT, FL 33064 | 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"/> Delete | 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"/> Delete | 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"/> Delete | 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 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:  | | Date: 4/29/05 Daytime Phone #: 954965033 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |