

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000075568

Entity Name: PROREHAB EAST, INC.

FILED
Jan 15, 2004
Secretary of State

Current Principal Place of Business:

P.O.BOX 854
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 854
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 57-1059401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YASICK, MARGARET K
12011 TUSCANY BAY DR #103
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

YASICK, MARGARET K
11905 ROYCE WATERFORD CIRCLE
TAMPA, FL 33626 US

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:

01/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: YASICK, MARGARET
Address: P.O.BOX 854
City-St-Zip: OLDSMAR, FL 34677

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: O () Change (X) Addition
Name: YASICK, DONALD D
Address: PO BOX 854
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARGARET K. YASICK

D

01/15/2004

Electronic Signature of Signing Officer or Director

Date