

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90046 032 ***150.00

DOCUMENT # P02000134827		
1. Entity Name PERFORMANCE REHABILITATION MANAGEMENT, INC.		

Principal Place of Business 3720 TAMPA ROAD PALM HARBOR, FL 34684	Mailing Address 3720 TAMPA ROAD PALM HARBOR, FL 34684
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40013703

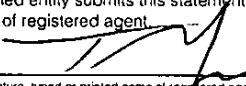
2. Principal Place of Business - No P.O. Box # 3450 EAST LAKE RD. Suite, Apt. #, etc. Ste. 101	3. Mailing Address 3450 EAST LAKE RD. Suite, Apt. #, etc. Ste. 101
City & State PALM HARBOR FL	City & State PALM HARBOR FL
Zip 34685	Country USA



02062007 Chg-P CR2E034 (12/06)

4. FEI Number 42-1566481		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent A1A REGISTERED AGENT INC 92 SADBERRY ROAD QUINCY, FL 32351-0000		7. Name and Address of New Registered Agent Name TODD S. MINEAR Street Address (P.O. Box Number is Not Acceptable) 3450 EAST LAKE Ste. 101 City PALM HARBOR FL Zip Code 34685

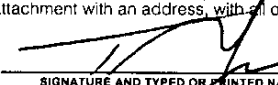
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  TODD S. MINEAR 2-14-07
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINEAR, TODD 3720 TAMPA RD. PALM HARBOR, FL 34684 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O.T.S MINEAR, TODD 3450 EAST LAKE- STE. 101 PALM HARBOR, FL 34685 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  TODD S. MINEAR 2-14-07 727-781-1223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #