

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000069851

1. Entity Name  
PRIORITY MEDICAL REHABILITATION, INC.



Principal Place of Business

12781 SW 42 STE B  
MIAMI, FL 33175

Mailing Address

12781 SW 42 STE B  
MIAMI, FL 33175



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number

56-2372399

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

NOGAREDA, FRANCISCO E  
3145 VILLAGE GREEN DR  
MIAMI, FL 33175

**DO NOT WRITE  
IN THIS SPACE**

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

1-7-05

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	NOGAREDA, FRANCISCO E
STREET ADDRESS	3145 VILLAGE GREEN DR
CITY-STATE-ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

UN0000178071  
01/12/05-80013-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-05