

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000105433

**FILED**  
**Apr 20, 2006**  
**Secretary of State**

**Entity Name:** P & G MEDICAL REHAB CENTER INC.

**Current Principal Place of Business:**

2901 W. BUSH BLVD.  
SUITE 801  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

8401 BARRETT PLACE  
TAMPA, FL 33617

**New Mailing Address:**

**FEI Number:** 20-0303684

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PUJOLS, JOSE  
8401 BARRETT PLACE  
TAMPA, FL 33617 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: PUJOLS, JOSE  
Address: 8401 BARRETT PLACE  
City-St-Zip: TAMPA, FL 33617

Title: D ( ) Delete  
Name: MIRANDA, LUIS  
Address: 3105 MAGNOLIA CT  
City-St-Zip: TAMPA, FL 33618

Title: P ( ) Delete  
Name: NUNEZ, BELKIS A  
Address: 8401 BARRETT PLACE  
City-St-Zip: TAMPA, FL 33617

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: PUJOLS, JOSE  
Address: 8401 BARRETT PLACE  
City-St-Zip: TAMPA, FL 33617

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

Title: VP (X) Change ( ) Addition  
Name: NUNEZ, BELKIS A  
Address: 8401 BARRETT PLACE  
City-St-Zip: TAMPA, FL 33617

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOSE V PUJOLS

PRES

04/20/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date