FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 6:48

DOCUMENT # **P94000011566 (4)**

1. Corporation Name
PRO HEALTH REHAB, INC.

Principal Place of Business	Mailing Address
1889 JESSICA COURT WINTER PARK FL 32789	1889 JESSICA COURT WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/07/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 222 Douglas Ave	26
Suite, Apt. #, etc.: 22 Ste 1006	Suite, Apt. #, etc.: 27
City & State: 23 Altamonte Springs FL	City & State: 28
Zip: 24 32714 Country: 25 Seminole	Zip: 29 Country: 30

4. FEI Number: 59-3228114 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRANT, ROBERT 1889 JESSICA COURT WINTER PARK FL 32789	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 222 Douglas Ave 83 Ste 1006 84 City: Altamonte Springs FL 85 Zip Code: 32714

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Robert B. Grant III, President — DATE: 3/30/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signatures required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	GRANT, ROBERT	12 NAME		
STREET ADDRESS	1889 JESSICA COURT	13 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	GIMENEZ, REBEKAH	22 NAME		
STREET ADDRESS	1889 JESSICA COURT	23 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	BENNETT, KEVIN G	32 NAME		
STREET ADDRESS	4200 COMMUNITY DR., #1902	33 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33409	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert B. Grant III — 3/30/95 (Date) — 407.774.6114 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert B. Grant III, President

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