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FILED  
May 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000011566 (4)

1. Corporation Name

PRO HEALTH REHAB, INC.

Principal Place of Business

277 DOUGLAS AVE  
STE 1008  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address

1889 JESSICA COURT  
WINTER PARK FL 32789-5936



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 277 DOUGLAS AVE

27 Suite, Apt. #, etc.

28 City & State

ALTAMONTE SPRINGS, FL

29 Zip

32714

30 Country

USA

3. Date Incorporated or Qualified

02/07/1994

3a. Date of Last Report

05/17/1996

4. FEI Number

59-3228114

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fees 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

GRANT, ROBERT  
277 DOUGLAS AVE  
STE 1008  
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME GRANT, ROBERT  
STREET ADDRESS 1889 JESSICA COURT  
CITY-ST-ZIP WINTER PARK FL

TITLE S  
NAME GIMENEZ, REBEKAH  
STREET ADDRESS 1889 JESSICA COURT  
CITY-ST-ZIP WINTER PARK FL

TITLE D  
NAME BENNETT, KEVIN G  
STREET ADDRESS 4200 COMMUNITY DR., #1902  
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME ROBERT B. GRANT III  
1.3 STREET ADDRESS 277 DOUGLAS AVE, STE 1004  
1.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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, President 5/7/97 407-774-6114

CR2E034 (9/96)