

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jun 18 1997 8:00am  
Secretary of State

DOCUMENT # P96000103358 (3)

1. Corporation Name

PROFESSIONAL REHAB GROUP, INC.

Principal Place of Business

324 DATURA STREET  
SUITE 312  
WEST PALM BEACH FL 33401

Mailing Address

324 DATURA STREET  
SUITE 312  
WEST PALM BEACH FL 33401-5416

3. Date Incorporated or Qualified

12/26/1996

3a. Date of Last Report

4. FEI Number

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

2. Principal Place of Business

21 7609 Courtyard Run  
Suite, Apt. #, etc.

22 City & State  
Boca Raton, Fla

23 Zip Country  
33433 Palm Beach

24 33433 25 Palm Beach

2a. Mailing Address

26 7609 Courtyard Run  
Suite, Apt. #, etc.

27 City & State  
Boca Raton, Fla

28 Zip Country  
33433 Palm Beach

29 33433 30 Palm Beach

9. Name and Address of Current Registered Agent

BROWN, T.G. ESQ.  
324 DATURA STREET  
SUITE 312  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

(NOTE: Registered Agent's signature required when reinstating)

DATE

5/1/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CEO/Chairman of the board

STREET ADDRESS 85 Cellislar

CITY-ST-ZIP 5564 W Ocean Blvd 33435

TITLE ☐ DELETE

NAME President

STREET ADDRESS Randy Davis

CITY-ST-ZIP 8108A Cakton Ct 33406

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME Vice President

1.3 STREET ADDRESS Lacie Collister

1.4 CITY-ST-ZIP 7609 Courtyard Run W. 33433

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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

5/1/97 (561)391-6197

CR2E034 (9/96)