

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

FILED

Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000103358 (3)**

1. Corporation Name

PROFESSIONAL REHAB GROUP, INC.



Principal Place of Business 7609 COURTYARD RD. W. BOCA RATON FL 33433 US	Mailing Address 7609 COURTYARD RUN W. BOCA RATON FL 33433 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 639 East Ocean Ave Suite, Apt. #, etc. 22 Suite # 107 City & State 23 Boynton Beach, FL Zip 24 33435 Country 25 Palm Beach		2a. Mailing Address 26 639 East Ocean Ave. Suite, Apt. #, etc. 27 Suite # 107 City & State 28 Boynton Beach, FL Zip 29 33435 Country 30 Palm Beach		3. Date Incorporated or Qualified 12/26/1996	
		4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

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 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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

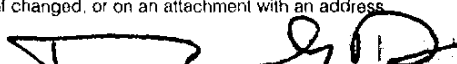
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CEO	<input type="checkbox"/> DELETE	1.1 TITLE CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CELLIKER, B.J.		1.2 NAME Collister, B.J.	
STREET ADDRESS 5564 N. OCEAN BLVD.		1.3 STREET ADDRESS 5564 N. Ocean Blvd	
CITY-ST-ZIP BOYNTON BEACH FL		1.4 CITY-ST-ZIP Boynton beach FL	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVIS, RANDY		2.2 NAME Davis, Randy	
STREET ADDRESS 8108A OAKTON CT		2.3 STREET ADDRESS 135 Faithway	
CITY-ST-ZIP W. PALM BEACH FL		2.4 CITY-ST-ZIP Jupiter, FL	
TITLE VP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COLLISTER, LAURE		3.2 NAME	
STREET ADDRESS 7609 COURTYARD RUN W.		3.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:



RANDY DAVIS

1-30-98 561-733-3010

CR2E034 (10/97)