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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90169 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000103358

1. Corporation Name

PROFESSIONAL REHAB GROUP, INC.

Principal Place of Business

 639 EAST OCEAN AVE.
 SUITE #107
 BOYNTON BEACH FL 33435
 US

Mailing Address

 639 EAST OCEAN AVE.
 SUITE #107
 BOYNTON BEACH FL 33435
 US

DO NOT WRITE IN THIS SPACE

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

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	E. NICHOLAS DAVIS, III
82	Street Address (P.O. Box Number is Not Acceptable)	1903 S. CONGRESS AVE #400
83		
84	City	BOYNTON BEACH
	State	FL
85	Zip Code	33426

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 of principal or principal 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	1.1 TITLE	DIP/CEO
NAME	COLLISTER, B.J.	1.2 NAME	PUSATERI, DANA J
STREET ADDRESS	5564 N. OCEAN BLVD.	1.3 STREET ADDRESS	1903 S. CONGRESS AVE #400
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	P	2.1 TITLE	S/T
NAME	DAVIS, RANDY	2.2 NAME	KOBRIK, ARTHUR P.
STREET ADDRESS	135 FAITHWAY	2.3 STREET ADDRESS	1903 S. CONGRESS AVE
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE		3.1 TITLE	EXEC V. PRES.
NAME		3.2 NAME	DAVIS, E. NICHOLAS III
STREET ADDRESS		3.3 STREET ADDRESS	1903 S. CONGRESS AVE #400
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #