

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000073820

FILED
Feb 24, 2004
Secretary of State

Entity Name: PHYSICIANS REHAB GROUP, INC.

Current Principal Place of Business:

1825 PONCE DE LEON BLVD
387
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1825 PONCE DE LEON BLVD
387
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 59-3531042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTSON, GARY A
1825 PONCE DE LEON BLVD # 387
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBERTSON, GARY DR
Address: 3948 SOUTH 3RD STREET #207
City-St-Zip: JACKSONVILLE, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROBERTSON, GARY A DR
Address: 1825 PONCE DE LEON BLVD, #387
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY A. ROBERTSON

P

02/24/2004

Electronic Signature of Signing Officer or Director

Date