

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 JUN -2 PM 2: 33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000073823

1. Entity Name  
PROFESSIONAL REHABILITATION NETWORK, INC.



Principal Place of Business  
5917 S. CONGRESS AVE  
ATLANTIS, FL 33462 US

Mailing Address  
5917 S. CONGRESS AVE  
ATLANTIS, FL 33462 US



03212003 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0878932

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

LOPEZ, AMADO  
5917 S CONGRESS AVENUE  
ATLANTIS, FL 33462

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE  
5/24/04

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
P  
LOPEZ, AMADO  
5917 S CONGRESS AVENUE  
LAKE WORTH, FL 33462

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

100037667211  
06/04/04--01038--023 \*\*550.00

**DO NOT WRITE  
IN THIS SPACE**

  
6/2/04

12. 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 report or supplemental 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 10 or Block 11 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  
5/24/04  
Daytime Phone #