

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000004101

FILED  
Jan 04, 2005  
Secretary of State

**Entity Name:** PROFESSIONAL THERAPY & REHAB SERVICES, INC.

**Current Principal Place of Business:**

5725 CORPORATE WAY  
SUITE # 108  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

201 LONE PINE DR  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

FEI Number: 65-0900299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOMB, MARC B  
201 LONE PINE DR  
PALM BEACH GARDENS, FL 33410 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: DOMB, MARC B  
Address: 201 LONE PINE DR  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARC B DOMB

P

01/04/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date