

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000004101

**FILED**  
**Mar 21, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

201 LONE PINE DRIVE  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

5500 MILITARY TRAIL  
PMB 22-315  
JUPITER, FL 33458 US

**Current Mailing Address:**

201 LONE PINE DRIVE  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

5500 MILITARY TRAIL  
PMB 22-315  
JUPITER, FL 33458 US

**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:**

DOMB, MARC B  
5500 MILITARY TRAIL  
PMB 22-315  
JUPITER, FL 33458 US

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:** MARC B. DOMB

03/21/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** DOMB, MARC B  
**Address:** 5500 MILITARY TRAIL, PMB 22-315  
**City-St-Zip:** JUPITER, FL 33458 US

I hereby 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 all other like empowered.

**SIGNATURE:** MARC B. DOMB

P

03/21/2010

Electronic Signature of Signing Officer or Director

Date