

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 27, 2004 8:00 am**  
**Secretary of State**

08-27-2004 90006 041 \*\*\*150.00

DOCUMENT # P99000045061

1. Entity Name

PORRAS PHYSICAL THERAPY AND REHABILITATION, INC.



Principal Place of Business

927 LEXINGTON RD  
ROCKLEDGE FL 32955  
US

Mailing Address

927 LEXINGTON RD  
ROCKLEDGE FL 32955  
US

2. Principal Place of Business

1282 WILD ROSE DR  
PALM BAY, FL 32905

3. Mailing Address

1282 WILD ROSE DR  
PALM BAY, FL 32905



MOORE

CR2E034 (4/04)

City & State

City & State

4. FEI Number

59-3577392

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PORRAS, MARCOS  
927 LEXINGTON RD  
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PS  
NAME PORRAS, MARCOS  
STREET ADDRESS 927 LEXINGTON RD  
CITY-ST-ZIP ROCKLEDGE FL 32955 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE MARCOS PORRAS  
NAME 1282 WILD ROSE DR  
STREET ADDRESS PALM BAY FLA 32905 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

Daytime Phone #


8/25/04

Attachment

54070510

To whom it may concern: #P99000045061

It is to my understanding that this letter is a requirement for submission of the late filing for the 2004 Corporation annual report. The reason for the late filing was Porras PT & Rehab was being relocated from Dade County to Brevard County during the beginning of this year. Please note the location of 927 Lexington Road Rockledge, FL. 32955 is now a rental property and the Corporation no longer exists there. The new address for Porras PT & Rehab is 1282 Wild Rose Dr Palm Bay, FL. 32905. Enclosed is a check for \$150 as instructed from the customer service department. Please take note of the new address so that come January I can be reminded of paying for this report.

A handwritten signature in black ink, consisting of a stylized, cursive script that begins with a large, sweeping loop and ends with a smaller, more defined flourish.