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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 19 AM 10:15

DOCUMENT # S53190

(2)

1. Corporation Name

PROSTHETIC REHABILITATION GROUP, INC.

Principal Place of Business

Mailing Address

4647 MANATEE AVENUE WEST  
BRADENTON FL 34209

4647 MANATEE AVENUE WEST  
BRADENTON FL 34209

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/15/1991

3a. Date of Last Report

04/21/1994

4. FEI Number

65-0334702

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FAY, JOHN N.  
4647 MANATEE AVENUE WEST  
BRADENTON FL 34209

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME         | STREET ADDRESS         | CITY - ST - ZIP |
|-------|--------------|------------------------|-----------------|
| D     | FAY, JOHN N. | 4647 MANATEE AVENUE W. | BRADENTON FL    |
| TITLE | NAME         | STREET ADDRESS         | CITY - ST - ZIP |
| TITLE | NAME         | STREET ADDRESS         | CITY - ST - ZIP |
| TITLE | NAME         | STREET ADDRESS         | CITY - ST - ZIP |
| TITLE | NAME         | STREET ADDRESS         | CITY - ST - ZIP |
| TITLE | NAME         | STREET ADDRESS         | CITY - ST - ZIP |
| TITLE | NAME         | STREET ADDRESS         | CITY - ST - ZIP |

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP |
|-----------|----------|--------------------|---------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Cheryl A. Fay*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*CHERYL A. FAY*

1-13-95 (813) 792-2248

Date

Signature Printed Name