

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S53190** (2)
1. Corporation Name
PROSTHETIC REHABILITATION GROUP, INC.

Principal Place of Business 4647 MANATEE AVENUE WEST BRADENTON FL 34209	Mailing Address 4647 MANATEE AVENUE WEST BRADENTON FL 34209
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/15/1991	
2. Principal Place of Business 21 1120 BOCA CIEGA ISLE DR. Suite, Apt. #, etc. 22 City & State 23 ST. PETE BEACH, FL Zip 24 33706 Country 25 USA.	2a. Mailing Address 26 1120 BOCA CIEGA ISLE DR. Suite, Apt. #, etc. 27 City & State 28 ST. PETE BEACH, FL Zip 29 33706 Country 30 USA.
4. FEI Number 65-0334702	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FAY, JOHN N. 4647 MANATEE AVENUE WEST BRADENTON FL 34209		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1120 BOCA CIEGA ISLE DR. 83 84 City ST. PETE BEACH FL 85 Zip Code 33706	
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ADDRESS
CHANGE FOR
CURRENT REGISTERED
AGENT

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAY, CHERLY A.	1.2 NAME	FAY, CHERLY
STREET ADDRESS	4647 MANATEE AVENUE WEST	1.3 STREET ADDRESS	1120 BOCA CIEGA ISLE DR.
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	ST. PETE BEACH, FL 33706
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAY, JOHN N.	2.2 NAME	
STREET ADDRESS	4647 MANATEE AVE. W.	2.3 STREET ADDRESS	1120 BOCA CIEGA ISLE DR.
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	ST. PETE BEACH, FL 33706
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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; 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 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE: *Cheryl A. Fay* **CHERYL A. FAY** 4-27-98 (813) 510-8415

CP2E034 (10/97)