


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S53190</b>	
1. Entity Name <b>PROSTHETIC REHABILITATION GROUP, INC.</b>	

Principal Place of Business <b>1120 BOCA CIEGA ISLE DR ST PETE BCH, FL 33706 US</b>	Mailing Address <b>1120 BOCA CIEGA ISLE DR ST PETE BCH, FL 33706 US</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>FAY, JOHN N. 1120 BOCA CIEGA ISLE DR ST PETE BCH, FL 33706</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reissuing)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FAY, CHERYL 1120 BOCA CIEGA ISLE DR ST PETE BCH, FL 33706</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FAY, JOHN N. 1120 BOCA CIEGA ISLE DR ST PETE BCH, FL 33706</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> <u>Cheryl Fay</u> <u>CHERYL FAY</u> <u>7-9-04</u> <u>(727) 573-1165</u>	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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