


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90073 032 ***150.00

DOCUMENT # P01000039874

1. Entity Name
INTERACTIVE REHAB SERVICES, INC.



Principal Place of Business Mailing Address

10341 SW 24TH COURT 10341 SW 24TH COURT
 HOLLYWOOD, FL 33025 US HOLLYWOOD, FL 33025 US

2. Principal Place of Business 3. Mailing Address

19242 SW 65 ST *19242 SW 65*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Pembroke Pines FL *Pembroke Pines FL*

Zip Country Zip Country

33332 *33332* *33332* *33332*



04072004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-1092762 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORA, LUCERO
 10341 SW 24TH COURT
 HOLLYWOOD, FL 33025

7. Name and Address of New Registered Agent

Name *Mora Lucero*

Street Address (P.O. Box Number is Not Acceptable)
19242 SW 65 ST

City *Pembroke Pines* FL Zip Code *33332*

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]* DATE

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORA, LUCERO 10341 SW 24TH COURT MIRAMAR, FL 33025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MENDOCA, ADRIANA 10341 SW 24TH COURT MIRAMAR, FL 33025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Mendonca, Lindinalva</i> <i>19242 SW 65 ST</i> <i>Pembroke Pines FL, 33332</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <i>Mora Lucero</i> <i>19242 SW 65 ST</i> <i>Pembroke Pines FL 33332</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <i>Mendonca, Adriana</i> <i>19242 SW 65 ST</i> <i>Pembroke Pines FL 33332</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Mendonca, Lindinalva</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 officers empowered.

SIGNATURE: *[Signature]* Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR