


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000039874

1. Entity Name
INTERACTIVE REHAB SERVICES, INC.



Principal Place of Business 19242 SW 65ST PEMBROKE PINES, FL 33332 US	Mailing Address 19242 SW 65ST PEMBROKE PINES, FL 33332 US
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DO NOT WRITE IN THIS SPACE



08142007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1092762	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

MORA, LUCERO
 19242 SW 65 ST
 PEMBROKE PINES, FL 33332

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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 _____ (NOTE: Registered Agent signature required when reinstating)

U00000772104
 08/16/07-80001-019 150.00
 DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORA, LUCERO 19242 SW 65 ST PEMBROKE PINES, FL 33332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MENDONCA, ADRIANA 19242 SW 65 ST PEMBROKE PINES, FL 33332
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 # _____