

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000039874

FILED
Apr 28, 2010
Secretary of State

Entity Name: INTERACTIVE REHAB SERVICES, INC.

Current Principal Place of Business:

19242 SW 65ST
PEMBROKE PINES, FL 33332 US

New Principal Place of Business:

Current Mailing Address:

19242 SW 65ST
PEMBROKE PINES, FL 33332 US

New Mailing Address:

FEI Number: 65-1092762 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: MORA, LUCERO
Address: 19242 SW 65 ST
City-St-Zip: PEMBROKE PINES, FL 33332

Title: VP
Name: MENDONCA, ADRIANA
Address: 19242 SW 65 ST
City-St-Zip: PEMBROKE PINES, FL 33332

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LUCERO MORA

PD

04/28/2010

Electronic Signature of Signing Officer or Director

Date