


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90150 019 \*\*\*150.00

**DOCUMENT # P0100039874**

1. Entity Name  
**INTERACTIVE REHAB SERVICES, INC.**



Principal Place of Business  
10341 SW 24TH COURT  
HOLLYWOOD, FL 33025 US

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

2. Principal Place of Business  
*10341 SW 24 CT*  
Suite, Apt. #, etc.

3. Mailing Address  
*10341 SW 24 CT*  
Suite, Apt. #, etc.

City & State  
*Hollywood, FL*

City & State  
*Hollywood, FL*

Zip  
*33025* Country

Zip  
*33025* Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
MORA, LUCERO  
10341 SW 24TH COURT  
HOLLYWOOD, FL 33025

4. FEI Number  
**65-4092762**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable)

City: **FL** Zip Code

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, typed or printed name of registered agent and title required (NOTE: Registered Agent's signature required when appointing) DATE \_\_\_\_\_

**FILE HOW? FEE IS \$100.00**  
APR 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MORA, LUCERO</b>		NAME	
STREET ADDRESS <b>10341 SW 24TH COURT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIRAMAR, FL 33025</b>		CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MENDOCA, ADRIANA</b>		NAME	
STREET ADDRESS <b>10341 SW 24TH COURT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIRAMAR, FL 33025</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 like empowered.

**SIGNATURE:** *Lucero Mora* **3/28/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2004 (10/02)