


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000057391**

1. Entry Name  
**INNOVATIVE HEALTH SERVICES, INC.**



Principal Place of Business      Mailing Address

**508 SW 5TH AVE**      **508 SW 5TH AVE**  
**FORT LAUDERDALE, FL 33315**      **FORT LAUDERDALE, FL 33315**



03172004    No Chg-P    CR2E034 (10/03)

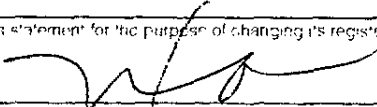
4. FEI Number  
**65-0766111**      Applied For  
 No: Applicable

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

6. Name and Address of Current Registered Agent

**PARKER, SASHA S**  
**508 SW 5TH AVE**  
**FORT LAUDERDALE, FL 33315**

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:       DATE: \_\_\_\_\_

Signature: Need to state name of registered agent and the principal office.      NOTE: Registered Agent's picture required when registering.

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

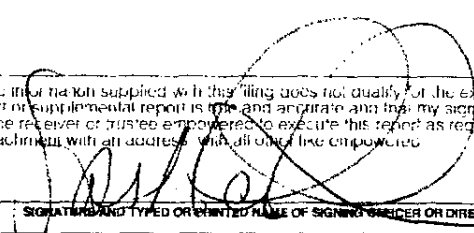
9. Election Campaign Financing Trust Fund Contribution        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>PARKER, SASHA S</b>
STREET ADDRESS	<b>508 SW 5TH AVE</b>
CITY-STATE-ZIP	<b>FORT LAUDERDALE, FL 33315</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000126045  
 04/23/04-80019-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 697, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address that all officers have empowered.

SIGNATURE:       Date: **4/20/04**      Utilize Phone # **(954) 779-7248**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR