

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000057391

FILED  
Jan 09, 2007  
Secretary of State

Entity Name: INNOVATIVE HEALTH SERVICES, INC.

**Current Principal Place of Business:**

508 SW 5TH AVE  
FORT LAUDERDALE, FL 33315

**New Principal Place of Business:**

**Current Mailing Address:**

508 SW 5TH AVE  
FORT LAUDERDALE, FL 33315

**New Mailing Address:**

FEI Number: 65-0766111      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARKER, SASHA S  
508 SW 5TH AVE  
FORT LAUDERDALE, FL 33315      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: D      ( ) Delete  
Name: PARKER, SASHA S  
Address: 508 SW 5TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: VP      ( ) Delete  
Name: PARKER, PETER J  
Address: 930 SW 28TH STREET; APT 2  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: SCTY      ( ) Delete  
Name: PARKER, NATALYA  
Address: 930 SW 28TH STREET; APT 2  
City-St-Zip: FORT LAUDERDALE, FL 33315

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SASHA PARKER

PRES

01/09/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date