2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008
Secretary of State

DOCUMENT# P97000057391

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: TREA ( ) Change (X) Addition
Name: POLEMENI, RICHARD
Address: 920 SW 28TH STREET; APT 1
City-St-Zip: FORT LAUDERDALE, FL 33315

I hereby certify that the information supplied with this filing does not qualify 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 01/22/2008

Electronic Signature of Signing Officer or Director Date