

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000039874

**FILED**  
**Apr 25, 2016**  
**Secretary of State**  
**CC0184946283**

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

**Current Principal Place of Business:**

18862 NW 24 CT  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

18862 NW 24 CT  
PEMBROKE PINES, FL 33029 US

**FEI Number: 65-1092762**

**Certificate of Status Desired: No**

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

MORA, LUCERO  
18862 NW 24 CT  
PEMBROKE PINES, FL 33029 US

*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

**Officer/Director Detail :**

Title PD  
Name MORA, LUCERO  
Address 18862 NW 24 CT  
City-State-Zip: PEMBROKE PINES FL 33029

Title VP  
Name MENDONCA, ADRIANA  
Address 18862 NW 24 CT  
City-State-Zip: PEMBROKE PINES FL 33029

*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: MORA LUCERO**

**PD**

**04/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date