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2006 FOR PROFIT CORPORATION ANNUAL REPORT

02-06-2006 90065 015 ***150.00
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DOCUMENT # 837744			
1. Entity Name INTERNATIONAL REHABILITATION ASSOCIATES, INC.			
Principal Place of Business 1601 CHESTNUT ST TLP 11D PHILADELPHIA, PA 19192 US		Mailing Address 1601 CHESTNUT ST TLP 11D PHILADELPHIA, PA 19192 US	
2. Principal Place of Business		3. Mailing Address <i>ATTN: C. Miller-Bates</i> <i>900 Cottage Grove Rd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Bloomfield, CT 0615</i>	
Zip	Country	Zip	Country
		<i>06152</i>	<i>U.S.A.</i>
4. FEI Number 23-1728483		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ <small>Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BRUNDIN, KELLY 1601 CHESTNUT ST. PHILA, PA 19192 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV MCHALE, BARRY 1601 CHESTNUT STREET PHILADELPHIA, PA 19192 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SEE ATTACHED</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANDERS, MATTHEW 911 COTTAGE GROVE ROAD HARTFORD, CT 06152 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SEE ATTACHED</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>02-23-04</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Kelly K. Brundin</i>		<i>Kelly K. Brundin 1/25/06 215-761-7107</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

Corporate Profile System

INTERNATIONAL REHABILITATION ASSOCIATES, INC.

ATTACHMENT

60012062

837744

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ADDRESS:
1601 CHESTNUT STREET
PHILADELPHIA
PA 19192

TELEPHONE:

OWNERSHIP: CONNECTICUT GENERAL CORPORATION - 100%

DIRECTORS

KELLY K. BRUNDIN
BRIAN D. WELLS
ALLEN R. WOOLF, M.D.

OFFICERS

BRIAN D. WELLS
ARCHIE A. ANDERSON
THOMAS A. CROSWELL
NOEL R. OBOURN
ROBERT D. PICINICH
JOHN C. RADEMACHER
JEFFERY R. VERNEY
ALLEN R. WOOLF, M.D.

TIMOTHY BURTON
CHRISTOPHER M. COLOIAN
RICHARD C. FERRARO
JOHN P. FREY

SUSAN E. GACA
ROBERT L. GELB
MARY C. GUTSCHE
SCOTT R. LAMBERT

CAROL A. LERNER
BARRY R. MCHALE

JEFFERY L. NOVAK
FRANK PINO
DAVID M. PORCELLO
ROBERT S. RANKIN
NANCY E. RICHMOND
FREDERICK E. SCARDELLETTE
JIM W. SMALL
BRYAN D. BARBER
DEBRA C. CHRISTIE
THOMAS P. CICHON

PRESIDENT
SENIOR VICE PRESIDENT
SENIOR VICE PRESIDENT
SENIOR VICE PRESIDENT
SENIOR VICE PRESIDENT
SENIOR VICE PRESIDENT
SENIOR VICE PRESIDENT
SENIOR VICE PRESIDENT
CHIEF MEDICAL OFFICER
VICE PRESIDENT
VICE PRESIDENT
VICE PRESIDENT
VICE PRESIDENT
ASSISTANT TREASURER
VICE PRESIDENT
VICE PRESIDENT
VICE PRESIDENT
VICE PRESIDENT
TREASURER
VICE PRESIDENT
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ATTACHMENT

Corporate Profile System

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INTERNATIONAL REHABILITATION ASSOCIATES, INC.

DANA A. DOROSHENKO
CORI CHERKAS
SUSAN H. GOODCHILD
JOSEPH J. MC CALL
KAREN A. VLASACH
SUSAN L. COOPER
KELLY K. BRUNDIN
MICHAEL J. WAGNER
IRENE P. GENTILE
KEVIN J. OLEKSAK
STEVEN J. PLATT
THERESA PRESS
MAUREEN H. RYAN

ASSISTANT VICE PRESIDENT
DIRECTOR
DIRECTOR
DIRECTOR
DIRECTOR
CORPORATE SECRETARY
CHIEF FINANCIAL OFFICER
ASSISTANT CORPORATE SECRETARY
ASSISTANT SECRETARY
ASSISTANT SECRETARY
ASSISTANT TREASURER
ASSISTANT TREASURER
ASSISTANT TREASURER

ATTN: Tyrone Scott
FAX: 850-245-6017

To Whom it may Concern,

The attached documents for International
Rehabilitation Associates Inc indicating
the address for the listed Directors/Officers

is : 1601 Chestnut St

Philadelphia, PA 19192

Ref# 837744

Thank you,
Chris Miller
