


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000003535

1. Entity Name
 INTEGRATED HEALTH SERVICES OF FLORIDA AT HOLLYWOOD HILLS, INC.



Principal Place of Business: 910 RIDGEBROOK ROAD, SPARKS, MD 21152
 Mailing Address: 910 RIDGEBROOK ROAD, SPARKS, MD 21152

DO NOT WRITE IN THIS SPACE



03022005 No Chg-P CR2E034 (10/03)

4. FEI Number: 52-1889322
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 NATIONAL CORPORATE RESEARCH, LTD., INC.
 103 N. MERIDIAN ST
 TALLAHASSEE, FL 32301

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GRUNSTIEN, HARRY 920 RIDGEBROOK RD. SPARKS, MD 21152
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: [Signature] 3/3/05 410-777-2117
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #