

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K88250

1. Entity Name
INNOVATIVE HEALTH CARE SERVICES INCORPORATED



Principal Place of Business
**654 BOCA MARINA COURT
BOCA RATON, FL 33487**

Mailing Address
**654 BOCA MARINA COURT
BOCA RATON, FL 33487**

DO NOT WRITE IN THIS SPACE

**FILED
Apr 17, 2006 08:00 AM
Secretary of State**



03282008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0120891	Applied For <input type="checkbox"/>
5. Certificate of Status Desired	
<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SANDERS, ELLEN M.
654 BOCA MARINA COURT
BOCA RATON, FL 33487**

**DO NOT WRITE
IN THIS SPACE**

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

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent's signature required when changing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE
PD
NAME
SANDERS, ELLEN M.
STREET ADDRESS
654 BOCA MARINA COURT
CITY-ST-ZIP
BOCA RATON, FL 33487

000000512245
04/29/06-80082-019 150.00

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IN THIS SPACE**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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: Ellen M. Sanders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/06 561-241-9616
Date Daytime Phone #