2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000031791

1. Entity Name
INTEGRATED HEALTH SERVICES OF GREENBRIAR, LLC

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

03022005 No Chg-LLC   CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
52-1574211	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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 signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GRUNSTEIN, HARRY PRESIDE
STREET ADDRESS	920 RIDGEBROOK ROAD
CITY-ST-ZIP	SPARKS, MD 21152

U00000261208
03/14/05-80001-016 50.00

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____   3/7/05   410-773-2117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #