


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90032 044 \*\*\*150.00

<b>DOCUMENT # P00000092857</b> 1. Entity Name <b>INTEGRATED REHABILITATION CENTER, INC.</b>																											
Principal Place of Business 15327 NW 60TH AVE. 203 MIAMI LAKES, FL 33014		Mailing Address 15327 NW 60TH AVE. 203 MIAMI LAKES, FL 33014																									
2. Principal Place of Business - No P.O. Box <i>5931 NW 173 Dr Suite 10</i>		3. Mailing Address <i>5931 NW 173 Dr Suite 10</i>																									
Suite, Apt. #, etc. <i>Suite 10</i>		Suite, Apt. #, etc. <i>Suite 10</i>																									
City & State <i>Miami, FL</i>		City & State <i>Miami, FL</i>																									
Zip <i>33015</i>		Zip <i>33015</i>																									
Country 		Country 																									
4. FEI Number <b>65-1044117</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>ESPINOSA, ANA C</b> <b>806 NW 156 AV.</b> <b>PEMBROKE PINES, FL 33028</b>		7. Name and Address of New Registered Agent Name <i>Espinosa, Ana C.</i> Street Address (P.O. Box Number is Not Acceptable) <i>5931 NW 173 Dr Suite 10</i> City <i>Miami</i> State <i>FL</i> Zip Code <i>33015</i>																									
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 <i>[Signature]</i> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">PD</td> <td style="width:30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ESPINOSA, ANA C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>806 NW 156 AV.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL 33028</td> <td></td> </tr> </table>		TITLE	PD	<input type="checkbox"/> Delete	NAME	ESPINOSA, ANA C		STREET ADDRESS	806 NW 156 AV.		CITY-ST-ZIP	PEMBROKE PINES, FL 33028		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">President</td> <td style="width:30%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Espinosa, Ana C.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5931 NW 173 Dr Suite 10</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Miami, FL 33015</td> <td></td> </tr> </table>		TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Espinosa, Ana C.		STREET ADDRESS	5931 NW 173 Dr Suite 10		CITY-ST-ZIP	Miami, FL 33015	
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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. <b>SIGNATURE:</b> <i>[Signature]</i> <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> _____ <b>Date</b> _____ <b>Daytime Phone #</b> _____																											