

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000110947

FILED  
Apr 06, 2004  
Secretary of State

Entity Name: INTEGRA HEALTH SERVICES, INC.

## Current Principal Place of Business:

2700 NW 62 ND ST  
D 134  
FT LAUDERDALE, FL 33309

## Current Mailing Address:

2700 NW 62 ND ST  
D 134  
FT LAUDERDALE, FL 33309

## New Principal Place of Business:

2031 W. OAKLAND PARK BLVD  
SUITE 100  
FT LAUDERDALE, FL 33311

## New Mailing Address:

2031 W. OAKLAND PARK BLVD  
SUITE 100  
FT LAUDERDALE, FL 33311

FEI Number: 65-1058121

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RECHTER, MICHAEL  
2700 NW 62ND ST  
D134  
FORT LAUDERDALE, FL 33309 US

## Name and Address of New Registered Agent:

RECHTER, MICHAEL  
2031 W. OAKLAND PARK BLVD  
SUITE 100  
FORT LAUDERDALE, FL 33311 US

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.

SIGNATURE:

04/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RECHTER, MICHAEL R  
Address: 122 FIESTA WAY  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: VTS ( ) Delete  
Name: ROMANO, DAVID  
Address: 2700 NW 62ND STREET D134  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D ( ) Delete  
Name: WEINTRAUB, BRIAN J  
Address: 21210 NE 31 PLACE  
City-St-Zip: AVENTURA, FL 33180

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VTS (X) Change ( ) Addition  
Name: ROMANO, DAVID  
Address: 2031 W. OAKLAND PARK BLVD SUITE 100  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID ROMANO

D

04/06/2004

Electronic Signature of Signing Officer or Director

Date