2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# P00000110947

Entity Name: INTEGRA HEALTH SERVICES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of New Registered Agent:

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: _____
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: 2031 W. OAKLAND PARK BLVD SUITE 100
City-St-Zip: FORT LAUDERDALE, FL 33311

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: P (X) Change ( ) Addition
Name: RECHTER, MICHAEL R
Address: 2031 W. OAKLAND PARK BLVD
City-St-Zip: FT LAUDERDALE, FL 33311

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

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 DR. 04/13/2005
Electronic Signature of Signing Officer or Director — Date