

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT 15 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #  
1. Entity Name  
*P00000110947*



**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT** *03*

2. Principal Place of Business  
*2700 NW 62 St.*  
Suite, Apt. #, etc.  
*D134*  
City & State  
*Ft. Lauderdale FL*  
Zip  
*33309* Country  
*USA*

3. Mailing Address  
*2700 NW 62 St.*  
Suite, Apt. #, etc.  
*D134*  
City & State  
*Ft. Lauderdale FL*  
Zip  
*33309* Country  
*USA*

DO NOT WRITE IN THIS SPACE

4. FEI Number  
*65-1058121*

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
Name  
*Michael Rechten*  
Street Address (P.O. Box Number is Not Acceptable)  
*2700 NW 62 St. D134*  
City  
*Ft. Lauderdale FL* Zip Code  
*33309*

**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]* DATE *10/13/03*

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT, MICHAEL R. RECHTER 128 FIESTA WAY FT. LAUDERDALE, FL 33301</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP, T, S David Romano 2700 NW 62nd Street #D134 Ft. Lauderdale, FL 33309</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>500023799775 10/15/03--01003--028 **150.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D BRIAN J. WEINTRAUB 21210ME 21 PLACE Aventura, FL 33180</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i> <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE *10/13/03* 954-974-4546  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034B (12/02)

# Integra Health Services

2700 NW 62 Street, Suite D-134

Ft. Lauderdale, FL 33309

Phone 954-974-4546 Fax 954-974-4546

October 13, 2002

Integra Health Services  
2700 NW 62 Street, D134  
Ft Lauderdale, FL 33309  
Dr. David L. Romano  
President

Department of State  
Division of Corporations  
2003/2004 Annual Report

To Whom It May Concern:

It had come to our attention that our 2003/2004 Annual Corporate Report was not filed. We have experienced some problems with our mail delivery in regards to our suite number and our various companies. It is quite possible that we did not receive the necessary renewal forms for Integra Health Services. I am coming to this conclusion because we have numerous other corporations which all were filed in a timely fashion. If you take a moment to review the file for Integra Health you will find that this company has been in good standings since 1998.

I am enclosing the necessary form along with a check to cover the payment for our annual report. I do apologize for any inconvenience and if you have any questions you can reach me at my office Monday through Friday, 9am to 5pm.

Thank you for your assistance.

Sincerely,



Dr. David L. Romano