


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000031714 1. Entity Name I.C. REHAB SPECIALTY SERVICES, CORP.	
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Principal Place of Business 11402 NW 41 ST. #220 MIAMI, FL 33178 US	Mailing Address 11402 NW 41 ST. #220 MIAMI, FL 33178 US
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DO NOT WRITE IN THIS SPACE



05312005 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0410796	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SALVADOR, CARMEN 11402 NW 41 ST. #229 EL DORAL, FL 33178
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**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 _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000369046 06/06/05-80003-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD SALVADOR, CARMEN 11402 NW 41 ST., STE. 220 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD ALARCON, IVONNE 11402 NW 41 ST., STE. 220 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **5-30-05** **786-621-0438**
Date Daytime Phone #