2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 12, 2007 08:00 AM DOCUMENT # P02000038392 Secretary of State 1. Entity Name INTEGRATED REHAB SERVICES, INC. Principal Place of Business Mailing Address 326 S.W. 66TH AVENUE 326 S.W. 66TH AVENUE MIAMI, FL 33144 MIAMI, FL 33144 01252007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3644151 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CUSIMANO, SAVERIO DO NOT WRITE 326 S.W. 66TH AVENUE MIAMI, FL 33144 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 6000 10. OFFICERS AND DIRECTORS PD TITLE CUSUMANO, SAVERIO NAME STREET ADDRESS 326 S.W. 66TH AVENUE CITY-ST-ZIP MIAMI, FL 33144 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

02/08/07 786-218 3106

FILED