2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000038392

1. Entity Name
INTEGRATED REHAB SERVICES, INC.

Principal Place of Business	Mailing Address
326 S.W. 66TH AVENUE MIAMI, FL 33144	326 S.W. 66TH AVENUE MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE

03082008   No Chg-P   CR2E034 (11/05)

4. FEI Number 04-3644151	Applied For Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CUSIMANO, SAVERIO
326 S.W. 66TH AVENUE
MIAMI, FL 33144

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 $150.00
After May 1, 2008 Fee will be $550.00

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

U00000858527
04/01/08-80049-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CUSUMANO, SAVERIO
STREET ADDRESS	326 S.W. 66TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33144

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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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 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: _____   03/11/08   (305) 261-9557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #