

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

05-10-2004 90482 009 ****61.25

P02000123961

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 26 AM 8:13

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DOCUMENT # P02000123961			
1. Entity Name INTERNATIONAL REHAB SERVICES, INC.			
Principal Place of Business 7911 NW 72ND AVENUE 105 MELLEY, FL 33166		Mailing Address 7911 NW 72ND AVENUE 105 MELLEY, FL 33166	
2. Principal Place of Business 7878 NW 52nd Street		3. Mailing Address 7878 NW 52nd Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FLORIDA		City & State Miami FLORIDA	
Zip 33166	Country USA	Zip 33166	Country USA
4. FEI Number 48-1286570		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA LAW OFFICES, P.A. 10691 N. KENDALL DR. 201 MIAMI, FL 33176		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when remaining)			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. GUTIERREZ, YADIRA 7838 W 29TH LN #102 HIALEAH, FL 33018 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer YADIRA GUTIERREZ 7838 W. 29TH LANE #102 HIALEAH FL. 33018 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUTIERREZ, ALEX 7838 W 29TH LN #102 HIALEAH, FL 33018 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ANDRES ZAPATA 7878 NW 52nd Street Miami FLORIDA 33166 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Yadira Gutierrez</i>		5-5-04 (786) 258-3306	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

5/26 AP