

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000007857

FILED
Apr 14, 2004
Secretary of State

Entity Name: INTEGRACARE REHABILITATION AGENCY, INC.

Current Principal Place of Business:

10323 EL CABALLO COURT
DELRAY BEACH, FL 33446

New Principal Place of Business:

21905 US HWY 19 N
CLEARWATER, FL 33765

Current Mailing Address:

10323 EL CABALLO COURT
DELRAY BEACH, FL 33446

New Mailing Address:

21905 US HWY 19 N
CLEARWATER, FL 33765

FEI Number: 59-3764477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRELL GROUP CORPORATE SERVICES, L.L.C.
2875 NE 191 STREET
SUITE 800, TURNBERRY PLAZA
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: RODRIGUEZ, DONNA J
Address: 21905 US HWY 19 N
City-St-Zip: CLEARWATER, FL 33765

Title: VP () Change (X) Addition
Name: LAVORE, JOSEPH
Address: 21905 US HWY 19 N
City-St-Zip: CLEARWATER, FL 33765

Title: S () Change (X) Addition
Name: RODRIGUEZ, ALBERT H
Address: 21905 US HWY 19 N
City-St-Zip: CLEARWATER, FL 33765

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA J. RODRIGUEZ

P

04/14/2004

Electronic Signature of Signing Officer or Director

Date