

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000007857

FILED
Oct 17, 2007
Secretary of State**Entity Name:** INTEGRACARE REHABILITATION AGENCY, INC.**Current Principal Place of Business:**2725 WATER RIDGE PARKWAY
SUITE 300
CHARLOTTE, NC 28217**New Principal Place of Business:**10323 EL CABALLO COURT
DELRAY BEACH, FL 33446**Current Mailing Address:**2725 WATER RIDGE PARKWAY
SUITE 300
CHARLOTTE, NC 28217**New Mailing Address:**10323 EL CABALLO COURT
DELRAY BEACH, FL 33446**FEI Number:** 59-3764477**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CT CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US**Name and Address of New Registered Agent:**FLORIDA HEALTH LAW CENTER
7805 SW 6TH COURT
PLANTATION, FL 33324 US

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: JODI LAURENCE

10/17/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: WIEBUSCH, TODD D
Address: 2725 WATER RIDGE PARKWAY
City-St-Zip: CHARLOTTE, NC 28217

Title: VP () Delete
Name: BROWN, MICHAEL S
Address: 2 RAVINIA DRIVE, SUITE 1350
City-St-Zip: ATLANTA, GA 30346

Title: TREA () Delete
Name: CAMPBELL, ALAN D
Address: 2725 WATER RIDGE PARKWAY
City-St-Zip: CHARLOTTE, NC 28217

Title: SEC (X) Delete
Name: SODEL, BRYAN S
Address: 2 RAVINIA DRIVE, SUITE 1350
City-St-Zip: ATLANTA, GA 30346

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: PUSATERI, DANA
Address: 10323 EL CABALLO COURT
City-St-Zip: DELRAY BEACH, FL 33446

Title: D (X) Change () Addition
Name: WRIGHT, ROBERT
Address: 10323 EL CABALLO COURT
City-St-Zip: DELRAY BEACH, FL 33446

Title: D (X) Change () Addition
Name: MEHTA, LATA
Address: 10323 EL CABALLO COURT
City-St-Zip: DELRAY BEACH, FL 33446

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DANA PUSATERI

PRES

10/17/2007

Electronic Signature of Signing Officer or Director

Date