2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006
Secretary of State

DOCUMENT# P03000010592

Entity Name: INTEGRAL REHAB SERVICES, INC.

Current Principal Place of Business:

4140 PINELAKE LANE
#102
TAMPA, FL 33624

New Principal Place of Business:

4140 PINELAKE LANE
#102
TAMPA, FL 33618

Current Mailing Address:

4140 PINELAKE LANE
#102
TAMPA, FL 33624

New Mailing Address:

4140 PINELAKE LANE
#102
TAMPA, FL 33618

FEI Number: 59-3764792 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATRICK K. FLANAGAN, CPA. P.A.
18005 EAGLE LANE
LUTZ, FL 33558 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: P ( ) Delete
Name: SAENZ, ANAMARIA
Address: 4140 PINELAKE LANE
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SAENZ, ANAMARIA
Address: 4140 PINELAKE LANE
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the 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: ANAMARIA SAENZ OWNE 01/19/2006

Electronic Signature of Signing Officer or Director Date