

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000012395

FILED
Jan 05, 2007
Secretary of State

Entity Name: INTEGRATED HEALTH CARE SERVICES INC.

Current Principal Place of Business:

22680 FOUNTAN LAKES BLVD
ESTERO, FL 33928

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1078
NAPLES, FL 34106

New Mailing Address:

FEI Number: 03-0507607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGUIRE, JOE
503 LAKE LUIS CIR #202
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

MAGUIRE, JOE
503 LAKE LOUISE CIR #202
NAPLES, FL 34110 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: JOSEPH P. MAGUIRE

01/05/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KISSINGER, STEVEN
Address: 22680 FOUNTAN LAKES BLVD
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KISSINGER, STEVEN
Address: 22680 FOUNTAN LAKES BLVD
City-St-Zip: ESTERO, FL 33928

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: STEVEN E. KISSINGER

D

01/05/2007

Electronic Signature of Signing Officer or Director

Date