

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000019339

FILED
Mar 16, 2005
Secretary of State

Entity Name: INTEGRATED HEALTH SOLUTIONS OF PALM BEACH, INC.

Current Principal Place of Business:

4640 HOLLY LAKE DRIVE
LAKE WORTH, FL 33463

New Principal Place of Business:

4718 BLUE PINE CIRCLE
LAKE WORTH, FL 33463

Current Mailing Address:

4640 HOLLY LAKE DRIVE
LAKE WORTH, FL 33463

New Mailing Address:

4718 BLUE PINE CIRCLE
LAKE WORTH, FL 33463

FEI Number: 65-1146171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARRELL, ANN
4640 HOLLY LAKE DRIVE
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

FARRELL, ANN
4718 BLUE PINE CIRCLE
LAKE WORTH, FL 33463 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:

03/16/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: FARRELL, ANN
Address: 4640 HOLLY LAKE DRIVE
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: FARRELL, ANN
Address: 4718 BLUE PINE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

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: ANN M FARRELL

PRES

03/16/2005

Electronic Signature of Signing Officer or Director

Date