

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000023374

FILED  
Apr 29, 2004  
Secretary of State

**Entity Name:** INTEGRATED HEALTH SERVICES, CORP.

**Current Principal Place of Business:**

8540 SW 147 TERR  
MIAMI, FL 33158

**New Principal Place of Business:**

11880 S.W. 40 STREET  
310  
MIAMI, FL 33175

**Current Mailing Address:**

8540 SW 147 TERR  
MIAMI, FL 33158

**New Mailing Address:**

9620 S.W. 59 STREET  
MIAMI, FL 33173

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BELLO, JOSEPH  
8540 SW 147 TERR  
MIAMI, FL 33158

**Name and Address of New Registered Agent:**

BELLO, JOSEPH  
9620 S.W. 59 STREET  
MIAMI, FL 33173

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 BELLO

04/29/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BELLO, JOSEPH  
Address: 8540 SW 147 TERR  
City-St-Zip: MIAMI, FL 33158

Title: S ( ) Delete  
Name: BELLO, BIANKA  
Address: 8540 SW 147 TERR  
City-St-Zip: MIAMI, FL 33158

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BELLO, JOSEPH  
Address: 9620 S.W. 59STREET  
City-St-Zip: MIAMI, FL 33173 DA

Title: S (X) Change ( ) Addition  
Name: BELLO, BIANKA  
Address: 9620 S.W. 59 STREET  
City-St-Zip: MIAMI, FL 33173

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: JOSEPH BELLO

P

04/29/2004

Electronic Signature of Signing Officer or Director

Date