

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000023956

FILED  
Jan 22, 2006  
Secretary of State

Entity Name: INNOVATIVE REHABILITATION SERVICES INC.

## Current Principal Place of Business:

8961 S.W. 137TH STREET  
STARKE, FL 32091 US

## New Principal Place of Business:

## Current Mailing Address:

8961 S.W. 137TH STREET  
STARKE, FL 32091 US

## New Mailing Address:

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

## Name and Address of Current Registered Agent:

LECLERE, ROCHELLE  
8961 S.W. 137TH STREET  
STARKE, FL 32091 US

## Name and Address of New Registered Agent:

LECLERE, SHELLY  
8961 S.W. 137TH STREET  
STARKE, FL 32091 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: SHELLY LECLERE

01/22/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: LECLERE, ROCHELLE  
Address: 8961 S.W. 137TH STREET  
City-St-Zip: STARKE, FL 32091 US

Title: VP ( ) Delete  
Name: LECLERE, STEPHEN  
Address: 8961 S.W. 137TH STREET  
City-St-Zip: STARKE, FL 32091 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: LECLERE, SHELLY  
Address: 8961 S.W. 137TH STREET  
City-St-Zip: STARKE, FL 32091 US

Title: VP (X) Change ( ) Addition  
Name: LECLERE, STEVE  
Address: 8961 S.W. 137TH STREET  
City-St-Zip: STARKE, FL 32091 US

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: SHELLY LECLERE

PRES

01/22/2006

Electronic Signature of Signing Officer or Director

Date