2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000156956

Entity Name: INTEGRATED SPEECH REHABILITATION SERVICES, INC

FILED Sep 24, 2007 Secretary of State

Current Principal Place of Business:

600 CROSSWINDS DR A2
GREENACRES, FL 33413

Current Mailing Address:

600 CROSSWINDS DR A2
GREENACRES, FL 33413

FEI Number: 20-8110063 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROJAS, LUZ P
600 CROSSWINDS DR A2

600 CROSSWINDS DR A2 GREENACRES, FL 33413 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: LUZ ROJAS

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: ROJAS, LUZ P Name: ROJAS, LUZ P

Address: 600 CROSSWINDS DR A2 Address: 600 CROSSWINDS DR A2
City-St-Zip: GREENACRE, FL 33413 City-St-Zip: GREENACRES, FL 33413

I hereby certify that the information supplied with this filing does not qualify 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: LUZ ROJAS P 09/24/2007