# 2008 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Dec 01, 2008**
**Secretary of State**

DOCUMENT# P06000156956

**Entity Name:** INTEGRATED SPEECH REHABILITATION SERVICES, INC

**Current Principal Place of Business:**

600 CROSSWINDS DR A2
GREENACRES, FL 33413

**New Principal Place of Business:**

**Current Mailing Address:**

600 CROSSWINDS DR A2
GREENACRES, FL 33413

**New Mailing Address:**

**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
GREENACRES, FL 33413 US

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

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 P. 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:**

Title: P ( ) Delete
Name: ROJAS, LUZ P
Address: 600 CROSSWINDS DR A2
City-St-Zip: GREENACRES, FL 33413

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

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 P. ROJAS. P 12/01/2008

Electronic Signature of Signing Officer or Director Date