



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 23333		2. Name of Corporation International Rehabilitation Associates, INC.			
3. Street Address Principal Business Office 1601 Chestnut Street			City Philadelphia	State PA	Zip 19192
4. Business Phone No. 860-226-6453		5. State of Incorporation Delaware			
6. Brief Description of the Character of Business Conducted in Rhode Island Healthcare Management					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Archie A. Anderson			Vice President Name Allen R. Woolf, M.D.		
Street Address 1601 Chestnut Street			Street Address 1601 Chestnut Street		
City Philadelphia	State PA	Zip 19192	City Philadelphia	State PA	Zip 19192
Secretary Name Deborah L. Young			Treasurer Name Scott R. Lambert		
Street Address 1601 Chestnut Street			Street Address 900 Cottage Grove Road		
City Philadelphia	State PA	Zip 19192	City Bloomfield	State CT	Zip 06152
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Archie A. Anderson			Director Name Allen R. Woolf, M.D.		
Street Address 1601 Chestnut Street			Street Address 1601 Chestnut Street		
City Philadelphia	State PA	Zip 19192	City Philadelphia	State PA	Zip 19192
Director Name Joseph L. Lessard			Director Name		
Street Address 900 Cottage Grove Road			Street Address		
City Bloomfield	State CT	Zip 06152	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common	1.00			

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date	<b>FILED</b>
Check No.	<b>OCT 09 2007</b>
By:	<b>5905500</b>
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Stephanie Magasino 09/11/07  
Signature Date  
Stephanie Magasino  
Print or Type Name  
Senior Accounting Analyst  
Title