


2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # J81170**  
 1. Entity Name  
**INTEGRA ORLANDO, INC.**



Principal Place of Business <b>28 WEST CENTRAL BOULEVARD          SUITE 300          ORLANDO, FL 32801 US</b>	Mailing Address <b>28 WEST CENTRAL BOULEVARD          SUITE 300          ORLANDO, FL 32801 US</b>
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04032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2811665</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**MATONIS, STEPHEN J.  
 28 WEST CENTRAL BOULEVARD  
 SUITE 300  
 ORLANDO, FL 32801-2431**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P MATONIS, STEPHEN J. 13265 KIRBY SMITH RD. ORLANDO, FL 32832</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST LENTZ, CHARLES J 7517 SOMERSET SHORES CT ORLANDO, FL 32819</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Stephen J. Matonis **Stephen J. Matonis** 4-16-07 407-843-3377  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #