
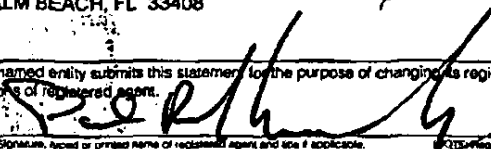



**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

5/

**FILED**  
**Jun 09, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90006 013 \*\*\*\*50.00

<b>DOCUMENT # L03000039382</b>									
1. Entity Name INTEGRITY HEALTH PRODUCTS, LLC									
Principal Place of Business 11891 U.S. HIGHWAY ONE SUITE 100 NORTH PALM BEACH, FL 33408 US			Mailing Address 11891 U.S. HIGHWAY ONE SUITE 100 NORTH PALM BEACH, FL 33408 US						
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.						
City & State			City & State						
Zip		Country	Zip		Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
KENNEDY, PAUL R 11891 U.S. HIGHWAY ONE SUITE 100 NORTH PALM BEACH, FL 33408				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City					
				FL Zip Code					
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 				DATE 4/29/07					
Filing Fee is \$58.00 Due by September 8, 2004				Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	MANAGER	5809 Runford Dr	New Carrollton MD 20784					<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee, or power to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: 				DATE 4/29/07		561 622700			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date		Daytime Phone #			

34008379



05032004 Chg-LLC CR2E083 (10/03)

4. FEI Number 34-3169734 Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

Filing Fee is \$58.00  
Due by September 8, 2004

Make check payable to  
Florida Department of State

MANAGING MEMBERS/MANAGERS  
 TITLE: MANAGER  
 NAME: John W Foglund IV  
 STREET ADDRESS: 5809 Runford Dr  
 CITY-ST-ZIP: New Carrollton MD 20784

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #