2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2010
Secretary of State

DOCUMENT# P04000154513

Entity Name: INTEGO MIDATLANTIC, INC.

Current Principal Place of Business:

5343 BOWDEN RD
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

5343 BOWDEN RD
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 56-2491610 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WESCOM PRODUCTS FOR HEALTHCARE, INC.
5343 BOWDEN RD
JACKSONVILLE, FL 32216 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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D
Name: BELL, CHARLES E
Address: 1270 MAYFAIR RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: P
Name: BELL, CHARLES E
Address: 1270 MAYFAIR RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP
Name: LANE, CLIFFORD G
Address: 4149 BRIDGEVILLE PLACE
City-St-Zip: JACKSONVILLE, FL 32223

Title: S
Name: BELL, CHARLES E
Address: 1270 MAYFAIR RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: T
Name: DAPHNE VALERIE, BELL
Address: 1270 MAYFAIR RD.
City-St-Zip: JACKSONVILLE, FL 32207

I hereby 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 all other like empowered.

SIGNATURE: CLIFFORD G. LANE VP 02/01/2010

Electronic Signature of Signing Officer or Director Date