

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000003196

FILED
Apr 23, 2008
Secretary of State

Entity Name: INTEGRITY MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

3200 US HWY 27 SOUTH
SUITE 302
SEBRING, FL 33870 US

Current Mailing Address:

3200 US HWY 27 SOUTH
SUITE 302
SEBRING, FL 33870 US

FEI Number: 42-1721087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

3200 US HWY 27 SOUTH
SUITE 101
SEBRING, FL 33870 US

New Mailing Address:

3200 US HWY 27 SOUTH
SUITE 101
SEBRING, FL 33870 US

Name and Address of Current Registered Agent:

COBO, IVONNE
11951 SW 19TH STREET
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

COBO, IVONNE
1012 GREENWAY TERRACE
SEBRING, FL 33870 US

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: IVONNE COBO

04/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COBO, IVONNE
Address: 11951 SW 19TH STREET
City-St-Zip: MIRAMAR, FL 33025

Title: VP () Delete
Name: COBO, IVONNE
Address: 11951 SW 19TH STREET
City-St-Zip: MIRAMAR, FL 33025

Title: TREA () Delete
Name: COBO, IVONNE
Address: 11951 SW 19TH STREET
City-St-Zip: MIRAMAR, FL 33025

Title: SEC () Delete
Name: COBO, IVONNE
Address: 11951 SW 19TH STREET
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COBO, IVONNE
Address: 1012 GREENWAY TERRACE
City-St-Zip: SEBRING, FL 33876

Title: VP (X) Change () Addition
Name: MULLINGS, JAMES A
Address: 1012 GREENWAY TERRACE
City-St-Zip: SEBRING, FL 33876

Title: TREA (X) Change () Addition
Name: COBO, IVONNE
Address: 1012 GREENWAY TERRACE
City-St-Zip: SEBRING, FL 33876

Title: SEC (X) Change () Addition
Name: QUINTANA, MARLENE
Address: 5894 W 21ST CT
City-St-Zip: HIALEAH, FL 33016

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: IVONNE COBO

P

04/23/2008

Electronic Signature of Signing Officer or Director

Date