

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000003196

FILED  
May 27, 2009  
Secretary of State

Entity Name: INTEGRITY MEDICAL EQUIPMENT, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 42-1721087      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COBO, IVONNE  
1012 GREENWAY TERRACE  
SEBRING, FL 33870 US

**Name and Address of New Registered Agent:**

COBO, IVONNE  
1026 N. LAKE DRIVE  
LORIDA, FL 33857 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: \_\_\_\_\_ 05/27/2009  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: COBO, IVONNE O  
Address: 1026 N LAKE DRIVE  
City-St-Zip: LORIDA, FL 33857

Title: VP (X) Change ( ) Addition  
Name: COBO, IVONNE O  
Address: 1026 N. LAKE DRIVE  
City-St-Zip: LORIDA, FL 33857

Title: TREA (X) Change ( ) Addition  
Name: COBO, IVONNE  
Address: 1026 N. LAKE DRIVE  
City-St-Zip: LORIDA, FL 33857

Title: SEC (X) Change ( ) Addition  
Name: COBO, IVONNE O  
Address: 1026 N. LAKE DRIVE  
City-St-Zip: LORIDA, FL 33857

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      05/27/2009  
Electronic Signature of Signing Officer or Director      Date