

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000003196

FILED  
Apr 11, 2012  
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:**

AVILES, IVETTE  
7909 CASTILE RD  
SEBRING, FL 33876 US

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

AVILES, IVETTE  
7909 CASTILE RD  
SUITE 101  
SEBRING, FL 33876 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/11/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COBO, IVONNE O  
Address: 7909 CASTILE RD  
City-St-Zip: SEBRING, FL 33876 US

Title: VP  
Name: COBO, IVONNE O  
Address: 7909 CASTILE RD  
City-St-Zip: SEBRING, FL 33876 US

Title: TREA  
Name: COBO, IVONNE O  
Address: 7909 CASTILE RD  
City-St-Zip: SEBRING, FL 33876 US

Title: SEC  
Name: AVILES, IVETTE A  
Address: 7909 CASTILE RD  
City-St-Zip: SEBRING, FL 33876 US

Title: P  
Name: COBO, IVONNE  
Address: 7909 CASTILE RD  
City-St-Zip: FL, FL 33876 US

Title: TREA  
Name: COBO, IVONNE  
Address: 7909 CASTILE RD  
City-St-Zip: SEBRING, FL 33870 US

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: IVONNE O. COBO

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

04/11/2012

\_\_\_\_\_  
Date