

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000337

Entity Name: INTEGRAL HEALTH PLAN, INC.

Current Principal Place of Business:

1454 MADISON AVENUE
IMMOKALEE, FL 34142

Current Mailing Address:

1454 MADISON AVENUE
IMMOKALEE, FL 34142

FEI Number: 80-0420631

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIGSBY, RYLAND T
215 S MONROE ST 2ND FLOOR
TALLAHASSEE, FL 32302-2095 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: RYLAND T. RIGSBY

01/28/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name AKIN, RICHARD B
Address 1454 MADISON AVENUE
City-State-Zip: IMMOKALEE FL 34142

Title DIRECTOR
Name MCATEER, THOMAS
Address 54 CEDAR POINT DRIVE
City-State-Zip: WEST ISLIP NY 11795

Title DIRECTOR
Name WILLIAMS, GAYE
Address 950 CR 17A W
City-State-Zip: AVON PARK FL 33825

Title DIRECTOR
Name WAGNER, HENRY
Address 265 INDIES WAY #1801
City-State-Zip: NAPLES FL 34110

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD AKIN

PRESIDENT DIRECTOR

01/28/2014

Electronic Signature of Signing Officer/Director Detail

Date