

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000003196

Entity Name: INTEGRITY MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

3200 US HWY 27 SOUTH
SUITE 101
SEBRING, FL 33870

Current Mailing Address:

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

FEI Number: 42-1721087

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

AVILES, IVETTE
425 SE KARNEY TERRACE
PORT SAINT LUCIE, FL 34983 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

Date

Officer/Director Detail :

Title	P
Name	COBO, IVONNE O
Address	425 SE KARNEY TERRACE
City-State-Zip:	PORT SAINT LUCIE FL 34983
Title	TREA
Name	COBO , IVONNE O
Address	425 SE KARNEY TERRACE
City-State-Zip:	PORT SAINT LUCIE FL 34983

Title	VP
Name	COBO, IVONNE O
Address	425 SE KARNEY TERRACE
City-State-Zip:	PORT SAINT LUCIE FL 34983
Title	SEC
Name	COBO, IVONNE O
Address	425 SE KARNEY TERRACE
City-State-Zip:	PORT SAINT LUCIE FL 34983

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

PRESIDENT

04/28/2017

Electronic Signature of Signing Officer/Director Detail

Date