

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000039382

**Entity Name:** INTEGRITY HEALTH PRODUCTS, LLC

**Current Principal Place of Business:**

4521 PGA BLVD.  
SUITE 169  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

12-111 FOURTH AVENUE  
SUITE 365  
ST. CATHARINES, ONTARIO, ON L2S3P-5 CA

**FEI Number: 74-3109734**

**Certificate of Status Desired: No**

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

CORPDIRECT AGENTS, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Authorized Person(s) Detail :**

Title MGRM  
Name HOGLUND, JOHN W  
Address 4521 PGA BLVD., STE. 169  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title MGRM  
Name BROCCOLO, MICHAEL A  
Address 12-111 FOURTH AVE., STE. 365  
City-State-Zip: ST. CATHARINES, ONTARIO ON L2S  
3-P5

Title MGRM  
Name BROCCOLO, GINA  
Address 4466 LAKESIDE DRIVE  
City-State-Zip: BEAMSVILLE, ONTARIO ON L0R 1-B1

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL BROCCOLO**

**MEMBER**

**02/18/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date