

2016 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
MIAMI, 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

DIRECTOR

04/12/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date