

**2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L19000200723

**Entity Name:** INTEGRITY HOME CARE PLUS LLC

**Current Principal Place of Business:**

4400 N FEDERAL HWY STE 24  
BOCA, FL 33431

**Current Mailing Address:**

4400 N FEDERAL HWY STE 24  
BOCA, FL 33431 US

**FEI Number:** 84-2764354

**Certificate of Status Desired:** No

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

JOESPH, HARRY  
1500 S OCEAN DRIVE  
706  
LAUDERDALE-BY-THE-SEA, FL 33062 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           MANAGER  
Name           JOSEPH, TRACY A  
Address       6719 SOUTHPORT DRIVE  
City-State-Zip: BOYNTON BEACH FL 33472

Title           MANAGER  
Name           JOSEPH, HARRY  
Address       6719 SOUTHPORT DRIVE  
City-State-Zip: BOYNTON BEACH FL 33472

*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:** TRACY JOSEPH

**MANAGER**

**02/04/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date