

F08000004165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

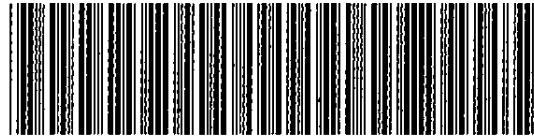
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

008-42278

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: INTEGRITY HEALTHCARE, INC.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

THOMAS J. MEBRIDE

(Name of Person)

INTEGRITY HEALTH CARE, INC.

(Firm/Company)

2255 THE WOODS DR EAST

(Address)

JACKSONVILLE, FL 32246

(City/State and Zip code)

For further information concerning this matter, please call:

Tom MEBRIDE

(Name of Person)

at (904) 718-2113

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2008

THOMAS J MCBRIDE
INTEGRITY HEALTHCARE, INC.
2255 THE WOODS DR EAST
JACKSONVILLE, FL 32246

SUBJECT: INTEGRITY HEALTHCARE, INC.
Ref. Number: W08000042278

We have received your document for INTEGRITY HEALTHCARE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II

Letter Number: 708A00049715

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. INTEGRITY HEALTHCARE, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

INTEGRITY FIRST HEALTHCARE OF FLORIDA, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEVADA

(State or country under the law of which it is incorporated)

3. _____
(FEI number, if applicable)

4. 09-17-2002

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. _____

2255 THE WOODS DR EAST JACKSONVILLE, FL

(Principal office address)

32246

SAME

(Current mailing address)

8. _____

HOME HEALTH CARE

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

THOMAS J McBRIDE

Office Address:

2255 THE WOODS DR E.

JACKSONVILLE

(City)

, Florida

32246

(Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Thomas J McBride

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: THOMAS J. McBRIDE

Address: 2255 THE WOODS DRIVE EAST

JACKSONVILLE FL 32246

Director: _____

Address: _____

B. OFFICERS

President: JONATHAN WERBA

Address: 1512 HOFFNER AVE

ORLANDO, FL 32809

Vice President: _____

Address: _____

Secretary: JONATHAN WERBA

Address: 1512 HOFFNER AVE. ORLANDO, FL 32809

Treasurer: THOMAS J. McBRIDE

Address: 2255 THE WOODS DR EAST JACKSONVILLE, FL 32246

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Thomas J. McBride

(Signature of Director or Officer listed in number 12 of the application)

14. THOMAS J. McBRIDE, DIRECTOR

(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



FILED
08 SEP 24 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **INTEGRITY HEALTHCARE, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 17, 2002, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 18, 2008.



ROSS MILLER
Secretary of State

By

Certification Clerk