

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000002281

**FILED**  
**Jul 08, 2010**  
**Secretary of State**

**Entity Name:** INTEGRITY MEDICAL SOLUTIONS INC.

**Current Principal Place of Business:**

420 SOUTH RAILROAD AVENUE  
KINGS MOUNTAIN, NC 28086

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2206  
KINGS MOUNTAIN, NC 28086

**New Mailing Address:**

**FEI Number:** 20-4604067

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

TAYLOR, ALFRED A II  
17131 HORIZON LANE  
PORT CHARLOTTE, FL 33948 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WRIGHT, BOB  
Address: 17131 HORIZON LANE  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VP  
Name: TAYLOR, AL  
Address: PO BOX 2206  
City-St-Zip: KINGS MOUNTAIN, NC 28086

Title: T  
Name: TAYLOR, ALEX  
Address: 8849 GERREN CT.  
City-St-Zip: CHARLOTTE, NC 28086

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: ROBERT A WRIGHT

P

07/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date