

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039382

FILED
Jul 09, 2007
Secretary of State

Entity Name: INTEGRITY HEALTH PRODUCTS, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

4521 PGA BLVD.
SUITE 169
PALM BEACH GARDENS, FL 334158 US

New Mailing Address:

FEI Number: 74-3169734 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHENKMAN, CURTIS L ESQ.
11891 US HIGHWAY ONE
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

ENTIN, SETH J ESQ.
1221 BRICKELL AVENUE
MIAMI, FL 33131 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: SETH J ENTIN

07/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOGLUND, JOHN W
Address: 4521 PGA BLVD., STE. 169
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: MGRM () Delete
Name: BROCCOLO, MICHAEL A
Address: 12-111 FOURTH AVE., STE. 365
City-St-Zip: ST. CATHARINES, ON L2S 3P5 CN

Title: MGRM () Delete
Name: BROCCOLO, GINA
Address: 4466 LAKESIDE DRIVE
City-St-Zip: BEAMSVILLE, ON L0R 1B1 CN

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MICHAEL BROCCOLO

MR

07/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date