


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90022 026 ****50.00

DOCUMENT # L04000057430 1. Entity Name INTEGRITY MEDICAL SUPPLIES, LLC					
Principal Place of Business 100 SECOND AVENUE SOUTH SUITE 901S ST. PETERSBURG, FL 33701 US			Mailing Address 100 SECOND AVENUE SOUTH SUITE 901S ST. PETERSBURG, FL 33701 US		
2. Principal Place of Business - No P.O. Box # 2100 Tall Pines Drive Suite, Apt. #, etc.		3. Mailing Address 2100 Tall Pines Drive Suite, Apt. #, etc.			
City & State Largo, FL		City & State Largo, FL		4. FEI Number 20-1466459	
Zip 33741		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPECTOR KAREN + ROSEN, LLC 168 CENTRAL AVE SUITE 1550 ST. PETERSBURG, FL 33701			7. Name and Address of New Registered Agent Name Spector Gaden + Rosen LLP Street Address (P.O. Box Number is Not Acceptable) 360 Central Avenue Suite 1550 City St. Petersburg FL Zip Code 33701		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
	MGRM ECHARD, BRIAN			Echard, Brian	
	100 2ND AVE SOUTH SUITE 9013			2100 Tall Pines Drive	
	SAINT PETERSBURG, FL 33701			Largo, FL 33741	
10. ADDITIONS/CHANGES					
TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u><i>Brian Echard</i></u> BRIAN ECHARD <u>4/18/07</u> <u>727-539-1274</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					