

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071790

FILED
Jan 04, 2007
Secretary of State

Entity Name: INTEGRITY HEALTHCARE PHYSICIAN STAFFING, LLC

Current Principal Place of Business:

1826 NW 9TH STREET
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

1826 NW 9TH STREET
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 56-2524661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVEREUX, TIMOTHY P
1826 NW 9TH STREET
BOCA RATON, FL 33486 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DEVEREUX, TIMOTHY P
Address: 10796 CASTLE OAK DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGRM () Delete
Name: DEVEREUX, LASCIA R
Address: 10796 CASTLE OAK DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DEVEREUX, TIMOTHY P
Address: 1826 NW 9TH STREET
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM (X) Change () Addition
Name: DEVEREUX, LASCIA R
Address: 1826 NW 9TH STREET
City-St-Zip: BOCA RATON, FL 33486

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY P DEVEREUX

MR

01/04/2007

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