

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029985

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: INTEGRATED HEALTH LLC

**Current Principal Place of Business:**

2210 E. 2ND AVENUE  
TAMPA, FL 33605

**New Principal Place of Business:**

5309 ALOHA SEED DRIVE  
SEFFNER, FL 33584

**Current Mailing Address:**

2210 E. 2ND AVENUE  
TAMPA, FL 33605

**New Mailing Address:**

5309 ALOHA SEED DRIVE  
SEFFNER, FL 33584

FEI Number: 20-4542886

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KOMBRINCK, JASON  
2210 E. 2ND AVENUE  
TAMPA, FL 33605 US

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

KOMBRINCK, JASON  
5309 ALOHA SEED DRIVE  
SEFFNER, FL 33584 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: JASON KOMBRINCK

04/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KOMBRINCK, JASON  
Address: 2210 E. 2ND AVENUE  
City-St-Zip: TAMPA, FL 33605

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KOMBRINCK, JASON  
Address: 5309 ALOHA SEED DRIVE  
City-St-Zip: SEFFNER, FL 33584

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: JASON KOMBRINCK

MGRM

04/30/2007

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