

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000025940

FILED
Apr 20, 2009
Secretary of State

Entity Name: INTEGRATED HEALTH SOLUTIONS, PL

Current Principal Place of Business:

2453 LAUREL GLEN DRIVE
LAKELAND, FL 33802

New Principal Place of Business:

Current Mailing Address:

2453 LAUREL GLEN DRIVE
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 26-2168972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALLOCK, DAVID D JR
ONE LAKE MORTON DRIVE
LAKELAND, FL 33801 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CHRM () Change (X) Addition
Name: MAJETTE, MICHAEL DR
Address: 2453 LAUREL GLEN DRIVE
City-St-Zip: LAKELAND, FL 33802 US

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 MAJETTE

CHRM

04/20/2009

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