

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000025940

**FILED**  
**Mar 24, 2010**  
**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:**

3628 HARDEN BOULEVARD  
LAKELAND, FL 33803

**Current Mailing Address:**

2453 LAUREL GLEN DRIVE  
LAKELAND, FL 33802

**New Mailing Address:**

3628 HARDEN BOULEVARD  
LAKELAND, FL 33803

**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: CHRM  
Name: MAJETTE, MICHAEL DR  
Address: 3628 HARDEN BOULEVARD  
City-St-Zip: LAKELAND, FL 333803 US

I hereby 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

03/24/2010

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