

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000025940

FILED
Apr 04, 2011
Secretary of State

Entity Name: INTEGRATED HEALTH SOLUTIONS, PL

Current Principal Place of Business:

3628 HARDEN BOULEVARD
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

3628 HARDEN BOULEVARD
LAKELAND, FL 33803

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

Title: MGR
Name: MAJETTE, AMANDA T
Address: 3628 HARDEN BOULEVARD
City-St-Zip: LAKELAND, FL 33803 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 S. MAJETTE

CHRM

04/04/2011

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