

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000114444

**FILED**  
**Sep 18, 2012**  
**Secretary of State**

**Entity Name:** INTEGRITY MEDICAL CARE, LLC

**Current Principal Place of Business:**

6770 N 9TH AVE.  
PENNSACOLA, FL 32504

**New Principal Place of Business:**

6115 VILLAGE OAKS DRIVE  
PENNSACOLA, FL 32504

**Current Mailing Address:**

1 ALPHA AVE  
SUITE 20  
VOORHEES, NJ 08043

**New Mailing Address:**

**FEI Number:** 27-1383804      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE, FL 32301      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  
**Name:** CHESAPEAKE FREESTATE HOLDINGS, INC.  
**Address:** 120 FAIRVIEW AVE.  
**City-St-Zip:** VOORHEES, NJ 08043

**Title:** MGRM  
**Name:** ALPHA REALESTATE, LLC  
**Address:** 120 FAIRVIEW AVE.  
**City-St-Zip:** VOORHEES, NJ 08043

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: ALPHA REAL ESTATE LLC

MGR

09/18/2012

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