

L150000 29999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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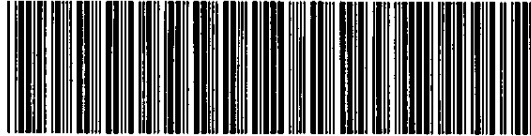
(Business Entity Name)

(Document Number)

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15 MAR -2 AM 10:08  
J. STIVERS

J. Stivers MAR 17 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INTEGRITY HEALTH GROUP LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANK C PURPURA

Name of Person

Firm/Company

6048 SAND PINES ESTATES BLVD

Address

ORLANDO, FL 32819

City/State and Zip Code

NELCO11@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID CROWDER

at ( 407 ) 8311407

Name of Person

Area Code

Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: INTEGRITY HEALTH GROUP LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000029999

**THIRD:** Document to be corrected is:  
Initial application

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

EFFECTIVE DATE IS SHOWN AS 5/17/2015.

DATA ENTRY ERROR WAS MADE ON THE DATE

CORRECT EFFECTIVE DATE IS 2/17/2015

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

**OR**

- ☐ The electronic transmission of the record was defective.

[Signature]  
Signature of Authorized Representative

2/24/15  
Date

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)