2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # M03000002541 1. Entity Name						
INTEGRITAS HEALTH CARE, LLC					04 OCT - 1 PM 2: 43	
Principal Place of Business Mailing Address						
2401 PGA B	BLVD., SUITE 155		2401 PGA BLVD., SUITE 155		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
PALM BEACH GARDENS FL 33410 PALM BEACH GARDEN:			5 FL 33410	•	MELAHASSEE, FLORIDA	
2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address			
			<u>-</u>		MOORE CR2E083 (4/04)	
2979 PGA Blvd. Palm Beach Gardens, FL 33410		2979 PGA Blvd. Palm Beach Gardens, FL 33410			4. FEI Number 06-1668164 Applied For Not Applied For	
├	w4.0+W *** *	- 			5 Certificate of Status Desired \$5.00 Additional	
-	6 Name and Address of Curren	t Pagistared Agent	sistered Agent		7. Name and Address of New Registered Agent	
6. Name and Address of Current Registered Agent			Name	Name /		
ADAMS, SANDRA			Street	Street Addre		
2401 PGA BLVD., SUITE 155 PALM BEACH GARDENS FL 33410			Sandra Adams			
				2979 PGA Blvd.		
			City		Palm Beach Gardens, FL 33410 jode	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fjorida. I am familiar with, and accept the obligations of registered agent.						
Made adams 8/31/04						
SIGNATURE Signature privated name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 8, 2004						
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES						
TITLE	MGRM	☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS	FAGO, ELIZABETH M 2401 PGA BLVD., SUITE 155		NAME STREET ADDRESS	29	79 PGA Boule Vari	
CITY-ST-ZIP	PALM BEACH GARDENS FL 334	10	CITY-ST-ZIP	PAI	LM BEACH GARDENS, FL 33410	
TITLE		☐ Delete	TITLE		Change ☐ Addition	
NAME STREET ADDRESS	,		NAME STREET ADDRESS	;		
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE	Delete ITILE				Change Addition	
NAME STREET ADDRESS-			NAME _STREET ADDRESS	;		
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME		Change Addition	
STREET ADDRESS			STREET ADDRESS	;	200041874472 10/14/0401006013 **100.00	
CITY-ST-ZIP			CITY-ST-ZIP			
			TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS	5		
			CITY-ST-ZIP			
			TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS STAI		STREET ADDRES	;			
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information						
indicated on this report is true and accurate and that my 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: ELIZABETH FAGO 8/31/04						
SIGNATURE: EUZHDEIH FHGO 8 3107 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #						