


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # M03000002541	
1. Entity Name INTEGRITAS HEALTH CARE, LLC	

Principal Place of Business 2401 PGA BLVD., SUITE 155 PALM BEACH GARDENS FL 33410	Mailing Address 2401 PGA BLVD., SUITE 155 PALM BEACH GARDENS FL 33410
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2. Principal Place of Business 2979 PGA Blvd. Palm Beach Gardens, FL 33410	3. Mailing Address 2979 PGA Blvd. Palm Beach Gardens, FL 33410
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FILED
04 OCT -1 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E083 (4/04)

6. Name and Address of Current Registered Agent ADAMS, SANDRA 2401 PGA BLVD., SUITE 155 PALM BEACH GARDENS FL 33410	7. Name and Address of New Registered Agent Name Street Address City Sandra Adams 2979 PGA Blvd. Palm Beach Gardens, FL 33410
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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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sandra Adams* DATE 8/31/04

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAGO, ELIZABETH M 2401 PGA BLVD., SUITE 155 PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2979 PGA Boulevard Palm Beach Gardens, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 **ELIZABETH FAGO**

8/31/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #