

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 28, 2005 08:00 AM  
Secretary of State



DOCUMENT # M03000002541

1. Entity Name

INTEGRITAS HEALTH CARE, LLC

Principal Place of Business  
2979 PGA BLVD.  
PALM BEACH GARDENS FL 33410

Mailing Address  
2979 PGA BLVD.  
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/04)

4. FEI Number 06-1668164

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, SANDRA  
2979 PGA BLVD.  
PALM BEACH GARDENS FL 33410

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME MGRM  
STREET ADDRESS FAGO, ELIZABETH M  
CITY-ST-ZIP 2979 PGA BLVD.  
PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
000000339562  
04/28/05-80078-025 50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

4-22-05 561-627-0661