

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002541

FILED
Mar 31, 2008
Secretary of State

Entity Name: INTEGRITAS HEALTH CARE, LLC

Current Principal Place of Business:

2979 PGA BLVD.
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

2979 PGA BLVD.
PALM BEACH GARDENS, FL 33410

New Mailing Address:

PO BOX 31809
PALM BEACH GARDENS, FL 33410

FEI Number: 06-1668164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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 () Delete
Name: FAGO, ELIZABETH M
Address: 2979 PGA BLVD.
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGRM () Delete
Name: WALCZAK, PAUL
Address: 2979 PGA BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGRM () Delete
Name: STEIER, JOSEPH
Address: 2979 PGA BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FAGO, ELIZABETH M
Address: PO BOX 31809
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: MGRM (X) Change () Addition
Name: WALCZAK, PAUL
Address: PO BOX 31809
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: MGRM (X) Change () Addition
Name: STEIER, JOSEPH
Address: PO BOX 31809
City-St-Zip: PALM BEACH GARDENS, FL 33420

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PAUL M WALCZAK

MGRM

03/31/2008

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