

# 05 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M03000002553**

1. Entity Name

INTEGRITAS OF FLORIDA, 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  
65-1186828

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 reinstating)

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  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
INTEGRITAS HEALTH CARE, LLC  
270 SOUTH COUNTY ROAD  
PALM BEACH FL 33480 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition  
U00000339558  
04/28/05-80078-024 50.00

TITLE  
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☐ 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 #

4-22-05 561-627-0664