2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# N09000000337

Entity Name: INTEGRAL HEALTH PLAN, INC.

Current Principal Place of Business:

1454 MADISON AVENUE
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

1454 MADISON AVENUE
IMMOKALEE, FL 34142

New Mailing Address:

FEI Number: 80-0420631 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DILLON, WILLIAM P ESQ.
2618 CENTENNIAL PLACE
TALLAHASSEE, FL 32308 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

OFFICERS AND DIRECTORS:

Title: PD
Name: AKIN, RICHARD B
Address: 1454 MADISON AVENUE
City-St-Zip: IMMOKALEE, FL 34142

Title: VSTD
Name: WEINMAN, STEVEN
Address: 1454 MADISON AVENUE
City-St-Zip: IMMOKALEE, FL 34142

Title: D
Name: ELLIS, MICHAEL
Address: 1454 MADISON AVENUE
City-St-Zip: IMMOKALEE, FL 34142

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD B AKIN PD 01/05/2011

Electronic Signature of Signing Officer or Director — Date