

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000005479**1. Entity Name
INTEGRITY MEDICAL SERVICES INC.**Principal Place of Business**

3850 WASHINGTON ST.,#612

HOLLYWOOD

33021

FL

Mailing Address

3850 WASHINGTON ST.,#612

HOLLYWOOD

33021

FL

2. Principal Place of Business

3850 WASHINGTON STREET

3. Mailing Address

P.O. BOX 813507

Suite, Apt. #, etc.

#612

Suite, Apt. #, etc.

City & State

HOLLYWOOD

FL

City & State

HOLLYWOOD

FL

Zip

33021

Country

Zip

33081

Country

4. FEI Number**65-0980730**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**BUSINESS FILINGS INCORPORATED****1000 WEST AVENUE****NO. 1114****MIAMI BEACH****331390000**

US

FL

7. Name and Address of New Registered Agent

Name

SPENCER MARK A

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

3850 WASHINGTON STREET

#612

City

HOLLYWOOD**FL**

Zip Code

33021

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.

SIGNATURE **MARK A SPENCER**

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

(NOTE: Registered Agent signature required when reinstating)

04/19/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	SPENCER MARK	
STREET ADDRESS	3850 WASHINGTON ST.,#612	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VICE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAYOL ENRIQUE O	
STREET ADDRESS	3850 WASHINGTON STREET #612	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER MARK A	
STREET ADDRESS	3850 WASHINGTON STREET #612	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A SPENCER**PRES****04/19/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)