

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000005479

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: INTEGRITY MEDICAL SERVICES INC.

**Current Principal Place of Business:**

3850 WASHINGTON STREET  
SUITE #612  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 813507  
HOLLYWOOD, FL 33081

**New Mailing Address:**

FEI Number: 65-0980730      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPENCER, MARK A  
3850 WASHINGTON STREET  
SUITE #612  
HOLLYWOOD, FL 33021

**Name and Address of New Registered Agent:**

SPENCER, MARK A  
20401 NW 2 AVE  
SUITE #212  
MIAMI, FL 33169

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

04/28/2004

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: SPENCER, MARK A  
Address: 3850 WASHINGTON STREET SUITE #612  
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: VICE ( ) Delete  
Name: GAYOL, ENRIQUE O  
Address: 3850 WASHINGTON STREET SUITE #612  
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: SPENCER, MARK A  
Address: 20401 NW 2 AVE #212  
City-St-Zip: MIAMI, FL 33169 US

Title: VICE (X) Change ( ) Addition  
Name: GAYOL, ENRIQUE O  
Address: 20401 NW 2 AVE #212  
City-St-Zip: MIAMI, FL 33169 US

Title: TREA ( ) Change (X) Addition  
Name: SPENCER, MARK A  
Address: 20401 NW 2 AVE #212  
City-St-Zip: MIAMI, FL 33169

Title: SEC ( ) Change (X) Addition  
Name: SPENCER, MARK A  
Address: 20401 NW 2 AVE #212  
City-St-Zip: MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A SPENCER

Electronic Signature of Signing Officer or Director

PRES

04/28/2004

Date