

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000005479

FILED
Mar 25, 2005
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:

3850 WASHINGTON STREET
SUITE #802
HOLLYWOOD, FL 33021

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
20401 NW 2 AVE
SUITE #212
MIAMI, FL 33169 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

PRES

03/25/2005

Electronic Signature of Signing Officer or Director

_____ Date