

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000005479

FILED  
Apr 04, 2011  
Secretary of State

**Entity Name:** INTEGRITY MEDICAL SERVICES INC.

**Current Principal Place of Business:**

18441 NW 2 AVE  
SUITE 215  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 693996  
MIAMI, FL 33269

**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:**

GAYOL, MARCOS A  
18441 NW 2 AVE  
SUITE 215  
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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: GAYOL, MARCOS A RN  
Address: 18441 NW 2 AVE #215  
City-St-Zip: MIAMI, FL 33169 US

Title: VICE  
Name: GAYOL, ENRIQUE O  
Address: 18441 NW 2 AVE #215  
City-St-Zip: MIAMI, FL 33169 US

Title: COO  
Name: REID, TREVOR R  
Address: 18441 NW 2 AVE #215  
City-St-Zip: MIAMI, FL 33169

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARCOS A GAYOL

PRES

04/04/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date