

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000074163

FILED
Mar 16, 2005
Secretary of State

Entity Name: INTEGRITY HOME MEDICAL, INC.

Current Principal Place of Business:

7357 INTERNATIONAL PL
103
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

7357 INTERNATIONAL PL
103
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 06-1641570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PKWY STE 300
TAMPA, FL 33637 US

Name and Address of New Registered Agent:

MCMULLEN, BONNIE
7357 INTERNATIONAL PL
SARASTOTA, FL 34240 US

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: BONNIE MCMULLEN

03/16/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCMULLEN, DARREN
Address: 10056 CHERRY HILLS AVE CIR
City-St-Zip: BRADENTON, FL 34202

Title: D () Delete
Name: MCMULLEN, BONNIE
Address: 10056 CHERRY HILLS AVE CIR
City-St-Zip: BRADENTON, FL 34202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCMULLEN, DARREN
Address: 7590 TORI WAY
City-St-Zip: BRADENTON, FL 34202

Title: D (X) Change () Addition
Name: MCMULLEN, BONNIE
Address: 7590 TORI WAY
City-St-Zip: BRADENTON, FL 34202

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: BONNIE MCMULLEN

PRES

03/16/2005

Electronic Signature of Signing Officer or Director

Date