


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90004 041 ***150.00

DOCUMENT # P02000082882	
1. Entity Name INTEGRITY HEALTH SERVICES, INC.	

Principal Place of Business 830 S 3RD ST STE 102 JACKSONVILLE BEACH FL 32250	Mailing Address 830 S 3RD ST STE 102 JACKSONVILLE BEACH FL 32250
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2. Principal Place of Business 324 12TH AV N	3. Mailing Address 324 12TH AV N
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State JACKSONVILLE BEACH, FL	City & State JACKSONVILLE BEACH FL
Zip 32250	Country USA

4. FEI Number 14-1841984	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FORD, CECIL G 830 S 3RD ST STE 102 JACKSONVILLE BEACH FL 32250	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE Cecil G Ford	DATE 1/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE RN	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BLANCHARD, SANDRA A DIR NUR		NAME	
STREET ADDRESS 830 SOUTH 3RD ST SUITE 102		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250		CITY-ST-ZIP	
TITLE PRES	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME FORD, CECIL G PRESIDE		NAME	
STREET ADDRESS 830 SOUTH 3RD ST SUITE 102		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250		CITY-ST-ZIP	
TITLE TREA	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME FORD, CECIL G TREASUR		NAME	
STREET ADDRESS 830 SOUTH 3RD ST SUITE 102		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250		CITY-ST-ZIP	
TITLE SEC.	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME FORD, CECIL G SECRETA		NAME	
STREET ADDRESS 830 SOUTH 3RD ST SUITE 102		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE: Cecil G Ford	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CECIL G FORD
Date	Daytime Phone #