2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000082882

Name:

Address:

City-St-Zip:

Entity Name: INTEGRITY HEALTH SERVICES. INC

FILED Jan 03, 2003 Secretary of State

Entity Name: INTEG	RITY HEALTH SERVICES, INC.				
Current Principal Place of Business:		New Principal Place of Business:			
830 S 3RD ST STE 10 JACKSONVILLE BEAG					
Current Mailing Address:		New Mailing Address:			
830 S 3RD ST STE 10 JACKSONVILLE BEAG					
FEI Number: 14-1841984	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and	Address of	New Registered Agent:	
FORD, CECIL G 830 S 3RD ST STE 10 JACKSONVILLE BEAG					
The above named enti in the State of Florida.	ty submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATURE:					
Elect	ronic Signature of Registered Ag	ent		Date	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	BLANCHARD, 830 SOUTH 31) Change (X) Addition SANDRA A DIR NUR RD ST SUITE 102 LE BEACH, FL 32250 FL	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	FORD, CECIL 830 SOUTH 31) Change (X) Addition G PRESIDE RD ST SUITE 102 LE BEACH, FL 32250 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	FORD, CECIL 830 SOUTH 3) Change (X) Addition G TREASUR RD ST SUITE 102 LE BEACH, FL 32250 US	
Title:	() Delete	Title:	SEC. () Change (X) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CECIL G FORD PRES 01/03/2003

FORD, CECIL G SECRETA

830 SOUTH 3RD ST SUITE 102

JACKSONVILLE BEACH, FL 32250 US