

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000150894

FILED
Jul 09, 2007
Secretary of State

Entity Name: INTEGRITY HOME HEALTH CARE, INC.

Current Principal Place of Business:

7365 SW 38TH ST
SUITE 206
OCALA, FL 34474

New Principal Place of Business:

7870 SW 103RD ST RD
SUITE 201
OCALA, FL 34476

Current Mailing Address:

7365 SW 38TH ST
SUITE 206
OCALA, FL 34474

New Mailing Address:

7870 SW 103RD ST RD
SUITE 201
OCALA, FL 34476

FEI Number: 20-0501524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KORNETTI, DIANA
7365 SW 38TH ST., STE 206
OCALA, FL 34474 US

Name and Address of New Registered Agent:

KORNETTI, DIANA
7870 SW 103RD ST RD
SUITE 201
OCALA, FL 34471 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:

07/09/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KORNETTI, DIANA
Address: 7365 SW 38TH ST SUITE 206
City-St-Zip: OCALA, FL 34474

Title: D () Delete
Name: TEAGUE, SHERRY
Address: 7365 SW 38TH ST SUITE 206
City-St-Zip: OCALA, FL 34474

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KORNETTI, DIANA
Address: 7870 SW 103RD ST RD SUITE 201
City-St-Zip: OCALA, FL 34476

Title: D (X) Change () Addition
Name: TEAGUE, SHERRY
Address: 7870 SW 103RD ST RD SUITE 201
City-St-Zip: OCALA, FL 34476

Title: COO () Change (X) Addition
Name: BOYHER, WENDY M COO
Address: 7870 SW 103RD ST RD SUITE 201
City-St-Zip: OCALA, FL 34476

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DIANA L KORNETTI

D

07/09/2007

Electronic Signature of Signing Officer or Director

Date