

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000101378

1. Entity Name
INTEGRAL HEALTHCARE CONSULTING, INC.



FILED

05 SEP 13 PM 7:07

SEAL OF THE STATE OF FLORIDA
TALLAHASSEE, FLORIDA

[Handwritten signature]



Principal Place of Business
PO BOX 5682
TALLAHASSEE, FL 32314

Mailing Address
PO BOX 5682
TALLAHASSEE, FL 32314

2. Principal Place of Business
2325 PARROT LANE
Suite, Apt. #, etc.

3. Mailing Address
PO Box 5682
Suite, Apt. #, etc.

09082005 Chg-P CR2E034 (10/03)

City & State
TALLAHASSEE, FL
Zip 32303 Country US

City & State
TALLAHASSEE, FL
Zip 32314 Country US

4. FEI Number 77-043575 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CULPEPPER, DOMANIQUE
2325 PARROT LANE
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name KNIGHT, WAYNE
Street Address (P.O. Box Number is Not Acceptable)
2076 OX BOTTOM ROAD
City TALLAHASSEE FL Zip Code 32312

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 *[Signature]*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9/12/05

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CULPEPPER, DOMANIQUE
STREET ADDRESS 2325 PARROT LANE
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
600053997396
09/27/05--01024--015 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/05

Date

850-524-5019

Daytime Phone #