

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000101378

FILED
Aug 24, 2006
Secretary of State

Entity Name: INTEGRAL HEALTHCARE CONSULTING, INC.

Current Principal Place of Business:

2325 PARROT LANE
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5682
TALLAHASSEE, FL 32314

New Mailing Address:

FEI Number: 77-0643575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNIGHT, WAYNE
2076 OX BOTTOM ROAD
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

CULPEPPER, DOMANIQUE
5153 VINELAND
ORLANDO, FL 32811 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: DOMANIQUE F. CULPEPPER

08/24/2006

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: P () Delete
Name: CULPEPPER, DOMANIQUE
Address: 2325 PARROT LANE
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DOMANIQUE F. CULPEPPER

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08/24/2006

Electronic Signature of Signing Officer or Director

Date