2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000101378

Entity Name: INTEGRAL HEALTHCARE CONSULTING, INC.

FILED May 01, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2325 PARROT LANE TALLAHASSEE, FL 32303

Current Mailing Address: New Mailing Address:

P.O. BOX 5682 P.O. BOX 617427

TALLAHASSEE, FL 32314 TALLAHASSEE, FL 32314

FEI Number: 77-0643575 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CULPEPPER, DOMANIQUE

5153 VINELAND

ORLANDO, FL 32811 US

BROWN, THELMA

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: THELMA BROWN 05/01/2007

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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

Name:CULPEPPER, DOMANIQUEName:Address:2325 PARROT LANEAddress:City-St-Zip:TALLAHASSEE, FL 32303City-St-Zip:

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: DOMANIQUE CULPEPPER PRES 05/01/2007