

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000101378

FILED
May 01, 2008
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:

3711 SPRINGLAND DRIVE
ORLANDO, FL 32818

Current Mailing Address:

P.O. BOX 617427
TALLAHASSEE, FL 32314

New Mailing Address:

PO BOX 617427
ORLANDO, FL 32861

FEI Number: 77-0643575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, THELMA
5153 VINELAND
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

BROWN, THELMA
355 FISHER LANE
MERRITT ISLAND, FL 32953 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

05/01/2008

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CULPEPPER, DOMANIQUE
Address: 3711 SPRINGLAND DRIVE
City-St-Zip: ORLANDO, FL 32818 US

Title: S () Change (X) Addition
Name: BROWN-COLLINS, THELMA L SECRETA
Address: 355 FISHER LANE
City-St-Zip: MERRITT ISLAND, FL 32953 US

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 F. CULPEPPER

CEO

05/01/2008

Electronic Signature of Signing Officer or Director

Date