

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000101378

FILED
May 01, 2009
Secretary of State

Entity Name: INTEGRAL HEALTHCARE CONSULTING, INC.

Current Principal Place of Business:

3711 SPRINGLAND DRIVE
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

PO BOX 617427
ORLANDO, FL 32861

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:

BROWN, THELMA
355 FISHER LANE
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

BROWN-COLLINS, THELMA
5153 VINELAND ROAD
ORLANDO, 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: THELMA BROWN-COLLINS

05/01/2009

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: 3711 SPRINGLAND DRIVE
City-St-Zip: ORLANDO, FL 32818 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CULPEPPER, DOMANIQUE
Address: PO BOX 617427
City-St-Zip: ORLANDO, FL 32861 US

Title: S (X) Change () Addition
Name: BROWN-COLLINS, THELMA L SECRETA
Address: 5153 VINELAND ROAD
City-St-Zip: ORLANDO, FL 32811 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 CULPEPPER

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

Date