


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2007 8:00 am
Secretary of State

09-12-2007 90012 001 ***550.00
09-12-2007 90012 002 *****8.75

DOCUMENT # P04000119764	
1. Entity Name INTEGRITY CARE SERVICES INC	

Principal Place of Business 1450 B OLD DIXIE HIGHWAY VERO BEACH, FL 32960	Mailing Address 1245 23 STREET SW VERO BCH, FL 32962-8020
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2. Principal Place of Business - No P.O. Box # 1450 B Old Dixie Highway	3. Mailing Address 1245 23 ST. SW <i>old</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State VERO Beach, Fla.	City & State VERO Beach, FLA.
Zip 32960	Zip 32968
Country U.S.	Country U.S.

6. Name and Address of Current Registered Agent	
THORPE, DENISE <i>old</i> 1245 23 STREET SW VERO BCH, FL 32962-8020	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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: <i>Denise Thorpe</i>	DATE: 9-5-07
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORPE, DENISE 1245 23 STREET SW VERO BCH, FL 329628020 <i>old</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2840 Grand Isle Way SW VERO Beach FL 32968 <i>new</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Denise Thorpe</i>	DATE: 9/5/07 DAYTIME PHONE: 772-766-0227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	