


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-12-2007 90023 040 ***150.00

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| DOCUMENT # P04000154513 |  |
| 1. Entity Name INTEGO MIDATLANTIC, INC. | |

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| Principal Place of Business 9446 PHILLIPS HIGHWAY JACKSONVILLE, FL 32256 | Mailing Address 9446 PHILLIPS HIGHWAY JACKSONVILLE, FL 32256 |
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| 2. Principal Place of Business - No P.O. Box # 5343 Bowden Rd | 3. Mailing Address 5343 Bowden Rd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|----------------------------------|----------------------------------|
| City & State Jacksonville, FL | City & State Jacksonville, FL |
| Zip 32214 | Country US |
| Zip 32214 | Country US |

40057561



03072007 Chg-P CR2E034 (12/06)

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| 4. FEI Number 56-2491610 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent WESCOM PRODUCTS FOR HEALTHCARE, INC. 9446 PHILLIPS HIGHWAY JACKSONVILLE, FL 32256 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5343 Bowden Rd. City Jacksonville FL Zip Code 32216 |
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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.

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| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|------|

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 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 BELL, CHARLES E 11686 BLACKSTONE RIVER DRIVE JACKSONVILLE, FL 32256 <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 | P BELL, CHARLES E 11686 BLACKSTONE RIVER DRIVE JACKSONVILLE, FL 32256 <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 | VP LANE, CLIFFORD G 4149 BRIDGEVILLE PLACE JACKSONVILLE, FL 32223 <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 | S BELL, CHARLES E 11686 BLACKSTONE RIVER DRIVE JACKSONVILLE, FL 32256 <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 | T DAPHNE VALERIE, BELL 11686 BLACKSTONE RIVER DRIVE JACKSONVILLE, FL 32256 <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 |

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.

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| SIGNATURE:  | 4110107 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date Daytime Phone # |