2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State
02-14-2008 90021 019 ***150.00

DOCUMENT # P04000154513

1. Entity Name
INTEGO MIDATLANTIC, INC.

Principal Place of Business
5343 BOWDEN RD
JACKSONVILLE, FL 32216

Mailing Address
5343 BOWDEN RD
JACKSONVILLE, FL 32216

DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
56-2491610
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WESCOM PRODUCTS FOR HEALTHCARE, INC.
5343 BOWDEN RD
JACKSONVILLE, FL 32216

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BELL, CHARLES E
STREET ADDRESS	~~11686 BLACKSTONE RIVER DRIVE~~ 1270 Mayfair Rd
CITY-ST-ZIP	JACKSONVILLE, FL ~~32256~~ 32207
TITLE	P
NAME	BELL, CHARLES E
STREET ADDRESS	~~11686 BLACKSTONE RIVER DRIVE~~ 1270 Mayfair Rd
CITY-ST-ZIP	JACKSONVILLE, FL ~~32256~~ 32207
TITLE	VP
NAME	LANE, CLIFFORD G
STREET ADDRESS	4149 BRIDGEVILLE PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	S
NAME	BELL, CHARLES E
STREET ADDRESS	~~11686 BLACKSTONE RIVER DRIVE~~ 1270 Mayfair Rd
CITY-ST-ZIP	JACKSONVILLE, FL ~~32256~~ 32207
TITLE	T
NAME	DAPHNE VALERIE, BELL
STREET ADDRESS	~~11686 BLACKSTONE RIVER DRIVE~~ 1270 Mayfair Rd
CITY-ST-ZIP	JACKSONVILLE, FL ~~32256~~ 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 2/7/08 (904) 220-6334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #