2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# P05000078121

Entity Name: INTEGRITY HEALTHCARE, INC

Current Principal Place of Business:

1490 W.49 PLACE
SUITE 508
HIALEAH, FL 33012

New Principal Place of Business:

4445 WEST 16 AVENUE
SUITE 300-A
HIALEAH, FL 33012

Current Mailing Address:

1490 W.49 PLACE
SUITE 508
HIALEAH, FL 33012

New Mailing Address:

4445 WEST 16 AVENUE
SUITE 300-A
HIALEAH, FL 33012

FEI Number: 20-2913799 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUNIZ, CASILDA L
4870 NE 5 TERR
FORT LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

MUNIZ, CASILDA L
7275 WEST 15 AVENUE
HIALEAH, FL 33014 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: _____ 01/04/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MUNIZ, CASILDA L
Address: 4870 NE 5 TERR
City-St-Zip: FORT LAUDERDALE, FL 33334 BR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MUNIZ, CASILDA L
Address: 7275 WEST 15 AVENUE
City-St-Zip: HIALEAH, FL 33014 BR

I hereby certify that the information supplied with this filing does not qualify for the 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: CASILDA L MUNIZ P 01/04/2007
Electronic Signature of Signing Officer or Director — Date