

P05000078121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

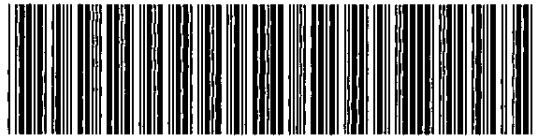
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800121203018

03/26/08--01016--016 \*\*35.00

FILED  
2008 MAR 26 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A. Address Change

TB

275.15

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** INTEGRITY HEALTHCARE INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000078121

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CASILDA MUNIZ  
(Name of Contact Person)

INTEGRITY HEALTHCARE INC  
(Firm/Company)

4445 W 16TH AVE SUITE 300-A  
(Address)

HIALEAH, FL 33012  
(City/State and Zip Code)

For further information concerning this matter, please call:

CASILDA MUNIZ at ( 305 ) 512-2990  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: INTEGRITY HEALTHCARE, INC.
2. The principal office address: 4445 W 16TH AVE SUITE 300-A  
HIALEAH, FL 33012
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/31/2005 Document number: P05000078121

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CASILDA MUNIZ  
7275 W 15 AVE  
HIALEAH, FL 33014

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CASILDA MUNIZ  
4445 W 16TH AVE SUITE 300-A  
(P.O. Box NOT acceptable)  
HIALEAH, FL 33012

**FILED**  
2008 MAR 26 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

☒ Casilda Muniz  
(Signature of an officer or director)

CASILDA MUNIZ, PRESIDENT  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

☒ Casilda Muniz  
(Signature of Registered Agent)

03/10/2008

(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)