2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000003196

Entity Name: INTEGRITY MEDICAL EQUIPMENT, INC.

FILED Apr 20, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3200 US HWY 27 SOUTH

SUITE 101

SEBRING, FL 33870 US

Current Mailing Address: New Mailing Address:

3200 US HWY 27 SOUTH SUITE 101 SEBRING, FL 33870 US

FEI Number: 42-1721087 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COBO, IVONNE O

7909 CASTILE RD

SEBRING, FL 33876 US

AVILES, IVETTE
7909 CASTILE RD
SEBRING, FL 33876 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: AVILES, IVETTE 04/20/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

Name: GRIMSLEY, DOROTHY C Address: 5020 LANCER DRIVE City-St-Zip: SEBRING, FL 33876 US

Title: VP

 Name:
 COBO, IVONNE O

 Address:
 7909 CASTILE RD

 City-St-Zip:
 SEBRING, FL 33876 US

Title: TREA

 Name:
 COBO, IVONNE O

 Address:
 7909 CASTILE RD

 City-St-Zip:
 SEBRING, FL 33876 US

Title: SEC

 Name:
 COBO, IVONNE O

 Address:
 7909 CASTILE RD

 City-St-Zip:
 SEBRING, FL 33876 US

Title: VP

 Name:
 COBO, IVONNE

 Address:
 7909 CASTILE RD

 City-St-Zip:
 SEBRING, FL 33870 US

Title: TREA

 Name:
 COBO, IVONNE

 Address:
 7909 CASTILE RD

 City-St-Zip:
 SEBRING, FL 33870 US

I hereby 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 all other like empowered.

SIGNATURE: IVONNE O, COBO VP 04/20/2011