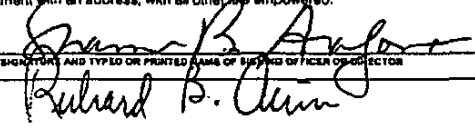


FILED
Mar 19, 2008 8:00 am
Secretary of State

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

3/3/2

03-03-2008 90398 001 ***272.50

DOCUMENT # P07000037304			
1. Entity Name INTEGRAL HEALTH PLAN, INC.			
Principal Place of Business 1454 MADISON AVENUE IMMOKALEE, FL 34142		Mailing Address 1454 MADISON AVENUE IMMOKALEE, FL 34142	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-8754142		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DILLON, WILLIAM 2920 CAPITAL MEDICAL BLVD TALLAHASSEE, FL 32308		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2618 Centennial Place City FL Zip Code	
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 acceptable. (NOTE: Registered Agent signature required when renewing) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Richard B. Akin 1454 Madison Avenue Immokalee, Florida 34142 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 fees empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR		2/20/08 239-658-3025 2/28/08 239-658-3025 Daytime Phone	