# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000072925

**FILED**
**Apr 25, 2012**
**Secretary of State**

**Entity Name:** INTEGRITY THERAPY SOLUTIONS, INC.

**Current Principal Place of Business:**

602 VONDERBURG RD
SUITE 201
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

602 VONDERBURG RD
SUITE 201
BRANDON, FL 33511

**New Mailing Address:**

**FEI Number: 26-0403230** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

NEAL, PATRICK J
602 VONDERBURG RD SUITE 201
BRANDON, FL 33511 US

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

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: ______________________________
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: D, C
Name: MORGAN, LARRY C
Address: 1101 EAST FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33612

Title: D, P
Name: NEAL, PATRICK J
Address: 602 VONDERBURG DR SUITE 201
City-St-Zip: BRANDON, FL 33511

Title: CEO
Name: BUBLEY, MICHEAL
Address: 602 VONDERBURG DR SUITE 201
City-St-Zip: BRANDON, FL 33511

Title: CFO
Name: GARCIA, MARIA
Address: 602 VONDERBURG DR. SUITE 201
City-St-Zip: BRANDON, FL 33511

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: MARIA GARCIA CFO 04/25/2012
Electronic Signature of Signing Officer or Director Date