

P 08000108521

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INTEGRATED HEALTHCARE SOLUTIONS
Name of Corporation

DOCUMENT NUMBER: P08000108521

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:

DR. CHRISTOPHER PHAM
Name of Contact Person

INTEGRATED HEALTHCARE SOLUTIONS
Firm/Company

868 106TH AVE N
Address

NAPLES, FL 34108
City/State and Zip Code

DR CJPHAM@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DR. CHRISTOPHER PHAM at (239) 325-9278
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2010

DR. CHRISTOPHER PHAM
868 106TH AVE N
NAPLES, FL 34108

SUBJECT: INTEGRATED HEALTHCARE SOLUTIONS, INC.
Ref. Number: P08000108521

We have received your document for INTEGRATED HEALTHCARE SOLUTIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 410A00021801

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: INTEGRATED HEALTHCARE SOLUTIONS
2. The principal office address: 868 106TH AVE N
NAPLES, FL 34108
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12-15-2008 Document number: P 08000 08521
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Corporate Service Company
1201 Hays Street
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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

DR. CHRISTOPHER PHAM
868 106TH AVE N
P.O. Box NOT acceptable
NAPLES, FL 34108

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.

Christopher Pham
Signature of an officer or director

DR. CHRISTOPHER PHAM
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.

Christopher Pham
Signature of Registered Agent

DR. CHRISTOPHER PHAM
Date
9-28-2010

If signing on behalf of an entity:

DR. CHRISTOPHER PHAM
Typed or Printed Name

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