

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000056859

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** INTEGRITY MEDICAL SYSTEMS, INC.

**Current Principal Place of Business:**

2312 BRUNER LANE  
FORT MYERS, FL 33912 US

**New Principal Place of Business:**

13831 JETPORT COMMERCE PARKWAY  
SUITE A  
FORT MYERS, FL 33913 US

**Current Mailing Address:**

2312 BRUNER LANE  
FORT MYERS, FL 33912 US

**New Mailing Address:**

13831 JETPORT COMMERCE PARKWAY  
SUITE A  
FORT MYERS, FL 33913 US

**FEI Number:** 11-3137773

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JOHNSON, RHONDA  
2312 BRUNER LANE  
FORT MYERS, FL 33912 US

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

DENHOLTZ, DAVID  
13831 JETPORT COMMERCE PARKWAY  
SUITE A  
FORT MYERS, FL 33913 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: DAVID DENHOLTZ

02/07/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DENHOLTZ, DAVID  
Address: 13831 JETPORT COMMERCE PARKWAY, SUITE A  
City-St-Zip: FORT MYERS, FL 33913

Title: VPST  
Name: JOHNSON, RHONDA  
Address: 13831 JETPORT COMMERCE PARKWAY, SUITE A  
City-St-Zip: FORT MYERS, FL 33913

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: RHONDA JOHNSON

VPST

02/07/2012

Electronic Signature of Signing Officer or Director

Date