

P98000030853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

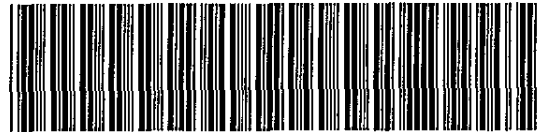
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B.A. change

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Integrity Management Solutions, Inc.
(Name of corporation)

DOCUMENT NUMBER: P98000030853

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:

Earl J. Claire
(Name of contact person)

Integrity Management Solutions, Inc.
(Firm/Company)

3120 Mullineaux Ln
(Address)

Ellicott City, MD 21042
(City/state and zip code)

For further information concerning this matter, please call:

Earl J. Claire at (410) 750-6055
(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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 20, 2004

EARL J. CLAIRE
INTEGRITY MANAGEMENT SOLUTIONS, INC.
3120 MULLINEAUX LN
ELLICOTT CITY, MD 21042

SUBJECT: INTEGRITY MANAGEMENT SOLUTIONS, INC.
Ref. Number: P98000030853

We have received your document for INTEGRITY MANAGEMENT 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 document is illegible and not acceptable for imaging.

The document must have original signatures.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6869.

Teresa Brown
Document Specialist

Letter Number: 404A00060219

**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: Integrity Management Solutions, Inc.
2. The principal office address: 224 East Interlake Boulevard
Lake Placid, Florida 33852
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4/02/1998 Document number: P98000030853 FEI 59-3505181

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Earl J. Claire

140 Hacienda Drive

Merritt Island, Florida 32952

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

Dorothy C. Stidham, Lake Placid Drug Co.

224 East Interlake Boulevard

(P.O. Box NOT acceptable)

Lake Placid, Florida 33852

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.

Earl J. Claire
(Signature of an officer or director)

Earl J. Claire, President/CEO

(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.

x Dorothy C. Stidham
(Signature of Registered Agent)

11/5/04
(Date)

If signing on behalf of an entity:

Dorothy C. Stidham

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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