FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000061947

Country

9. Name and Address of Current Registered Agent

25

INTEGRITY MEDICAL GROUP, INC.

3908 DANA SHORES DR

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State TAMPA

33 6<u>3</u>

Suite, Apt. #, etc.

26

27

28

29

606 SOUTH DAKOTA AVENUE TAMPA FL 33606

2. Principal Place of Business

AMERILAWYER 343 ALMERIA AVENUE **CORAL GABLES FL 33134**

Suite, Apt. #, etc.

City & State

TAMUA

606 SOUTH DAKOTA AVENUE

TAMPA FL 33606

3908 DANA SHORES DR.

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90195 014 ***150.00

	1 1001100					
	DO NOT WRIT	TE IN T	HIS SPACE			
3.	Date incorporated or Qualifed					
	07/14/1998					
4.	FEI Number		Applied For			
	59-3517573		Not Applicable			
5.	Certifcate of Status Desired		\$8.75 Additional Fee Required			
6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
8.	This corporation owes the curre	ent year	Intangible			

U	·			al Property Ta			☐ Yes	: <u>™</u> No
		10	Name a	and Address	of New	Registered /	Agent	
81	Name	N	A		•			
82	Street Addr	ess (P.O. Box	Number is No	t Accept	able)		
83								
84	City —	-			٠	FL	85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

SIGNATURE				DATE		'		
	Signature, typed or printed name of registered agent and title if appl	<u> </u>	Registered Agent signature r	adoliso wilon ralinations)	ND DIDECTOR	DC IN 12		
12.				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD	☐ DELETE	1.1 TITLE	PD	Change	☐ Addition		
NAME	RICE, NATHAN		12 NAME	RICE, NATHAN				
STREET ADDRESS	606 SOUTH DAKOTA AVENUE		1,3 STREET ADDRESS	3908 DAMA SHOKES DR				
CITY-ST-ZIP	TAMPA FL 33606		1.4 CITY-ST-ZIP	TAMOR , FL 33634				
TITLE	VD	☐ DELETE	2.1 TITLE	VOTS	Change	☐ Addition		
NAME	DIAZ, MARK		2.2 NAME	MARK DIAZ				
STREET ADDRESS	606 SOUTH DAKOTA AVENUE		2.3 STREET ADDRESS	3908 DANA SHURES DO.				
CITY-ST-ZIP	TAMPA FL 33606		2.4 CITY-ST-ZIP	TAMPH FL 33634	- A	- A-1-84		
TITLE	VD	☐ DELETE	3.1 TITLE	VD	hange Change	☐ Addition		
NAME	IDLER, MARK		3.2 NAME	MIDLER, MARK		ļ		
STREET ADDRESS	606 SOUTH DAKOTA AVENUE		3.3 STREET ADDRESS	3908 DANA SHORES OF.				
CITY-ST-ZIP	TAMPA FL 33606		3.4. CITY-ST-ZIP	TAMPA, FL 33634				
TITLE	VQ	DELETE	4.1 TITLE		Change	Addition '		
NAME	SWICEGOOD TRACY		4. 2 NAME	N				
STREET ADORESS	606 SOUTH BAKOTA AVENUE		4.3 STREET ADDRESS	A				
CITY-ST-ZIP	TAMPA FL 33606		4.4 CITY- ST- ZIP					
TITLE	VD	□ DELETE	5.1 TITLE	VA	™ change	☐ Addition		
NAME	TURNBULL, GEORGE		5.2 NAME	TULNBULL, GEORGE				
STREET ADDRESS	606 SOUTH DAKOTA AVENUE		5.3 STREET ADDRESS	3908 UANA SHOPES DE				
CITY-ST-ZIP	TAMPA FL 33606		5.4 CITY-ST-ZIP	TAMPA, FL 33634				
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition		
NAME			6.2 NAME	,				
STREET ADDRESS			6.3 STREET ADDRESS					
OITH OT TIP			6.4 CITY-ST-ZIP	•				

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

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