

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000005479

**Entity Name:** INTEGRITY MEDICAL SERVICES INC.

**Current Principal Place of Business:**

18441 NW 2 AVE  
SUITE 215  
MIAMI, FL 33169

**Current Mailing Address:**

18441 NW 2 AVE  
SUITE 215  
MIAMI, FL 33169 US

**FEI Number:** 65-0980730

**Certificate of Status Desired:** Yes

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

LIVERMORE, PAMELA  
18441 NW 2 AVE  
SUITE 215  
MIAMI, FL 33169 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:** PAMELA LIVERMORE

03/13/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LIVERMORE, PAMELA  
Address        18441 NW 2 AVE  
                 SUITE 215  
City-State-Zip: MIAMI FL 33169

Title            DIRECTOR  
Name            MARCOS, GAYOL  
Address        18441 NW 2 AVE  
                 SUITE 215  
City-State-Zip: MIAMI FL 33169

*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:** MARCOS GAYOL

**DIRECTOR**

03/13/2017

Electronic Signature of Signing Officer/Director Detail

Date