2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2011
Secretary of State

DOCUMENT# P02000082063

Entity Name: SOUTH FLORIDA INSTITUTE FOR INTEGRATIVE MEDICINE, INC.

Current Principal Place of Business:

3841 N.W. 53 STREET
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

3841 N.W. 53 STREET
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 16-1619815 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LIBOW, MARK
3841 N.W. 53 STREET
BOCOA RATON, FL 33496 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: LIBOW, MARK
Address: 3841 NW 53RD STREET
City-St-Zip: BOCA RATON, FL 33496

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: MARK LIBOW PRES 01/09/2011

Electronic Signature of Signing Officer or Director Date