# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 05, 2012**
**Secretary of State**

DOCUMENT# P03000130249

**Entity Name:** INTEGRATED HEALTH AND WELLNESS, CORP.

**Current Principal Place of Business:**

5415 NW 24TH STREET
#103
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

5415 NW 24TH STREET
#103
MARGATE, FL 33063

**New Mailing Address:**

**FEI Number: 45-0528720** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LIST, ALYSE M
5415 NW 24TH STREET
MARGATE, FL 33063 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: LIST, ALYSE M
Address: 5415 NW 24TH STREET #103
City-St-Zip: MARGATE, FL 33063

Title: VP
Name: LIST, LLOYD S
Address: 5415 NW 24TH STREET #103
City-St-Zip: MARGATE, FL 33063

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: ALYSE LIST P 01/05/2012

Electronic Signature of Signing Officer or Director Date