

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000153852

FILED
Apr 14, 2010
Secretary of State

Entity Name: CENTER FOR INTEGRATIVE MEDICINE, INC.

Current Principal Place of Business:

18205 BISCAYNE BLVD
2214
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

18205 BISCAYNE BLVD
2214
AVENTURA, FL 33160

New Mailing Address:

FEI Number: 20-3818996 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TUROVSKY, VLADIMIR
18205 BISCAYNE BLVD
2214
AVENTURA, FL 33160 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: TUROVSKIY, VLADIMIR
Address: 18205 BISCAYNE BLVD 2214
City-St-Zip: AVENTURA, FL 33160

Title: SD
Name: TUROVSKY, VLADIMIR
Address: 18205 BISCAYNE BLVD 2214
City-St-Zip: AVENTURA, FL 33160

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: VLADIMIR TUROVSKIY

PD

04/14/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date