

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000038776

**FILED**  
**Jun 09, 2012**  
**Secretary of State**

**Entity Name:** INTEGRATIVE CARE: MASSAGE, REIKI & YOGA WITH FELICIA MCQUAID, LLC

**Current Principal Place of Business:**

184 BROOKS ST.  
SUITE 2  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

37 RANGER STREET  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

921 DENTON BLVD. NW #908  
FORT WALTON BEACH, FL 32547

**FEI Number:** 45-1103171

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32548 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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MCQUAID, FELICIA  
**Address:** 921 DENTON BLVD. NW #908  
**City-St-Zip:** FORT WALTON BEACH, FL 32547

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** FELICIA MCQUAID

MGR

06/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date