

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N23000006012

**Entity Name:** INSTITUTE OF MIND BODY INTEGRATION, INC.

**Current Principal Place of Business:**

2805 FRUITVILLE ROAD, SUITE 250  
SARASOTA, FL 34237

**Current Mailing Address:**

2805 FRUITVILLE ROAD, SUITE 250  
SARASOTA, FL 34237 US

**FEI Number:** 93-1455261

**Certificate of Status Desired:** No

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

SKOKOS, PETER Z  
1819 MAIN STREET, SUITE 610  
SARASOTA, FL 34236 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PANDELOGLOU, KEITH  
Address        2805 FRUITVILLE ROAD  
                  SUITE 250  
City-State-Zip: SARASOTA FL 34237

Title            VP  
Name            FRIEDMAN, HARRIS DR.  
Address        2805 FRUITVILLE ROAD  
                  SUITE 250  
City-State-Zip: SARASOTA FL 34237

Title            SECRETARY  
Name            ADAMS, JAMES DR.  
Address        2805 FRUITVILLE ROAD  
                  SUITE 250  
City-State-Zip: SARASOTA FL 34237

Title            TREASURER  
Name            ROUTH, MARA  
Address        2805 FRUITVILLE ROAD  
                  SUITE 250  
City-State-Zip: SARASOTA FL 34237

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK SYLVESTER

MD

04/19/2024

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date