

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055069

Entity Name: INTEGRATED THERAPIES INC

Current Principal Place of Business:

1450 N. US1, STE 100
ORMOND BEACH, FL 32174

Current Mailing Address:

454 LEEWAY TRAIL
ORMOND BEACH, FL 32174

FEI Number: 57-1164757

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOE, LOGUIDICE
555 W GRANADA BLVD
B 5
ORMOND BEACH, FL 32174 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 P
Name VAN RIJ, KELLY E
Address 454 LEEWAY TRAIL
City-State-Zip: ORMOND BEACH FL 32174

Title V
Name VAN RIJ, RYAN D
Address 454 LEEWAY TRAIL
City-State-Zip: ORMOND BEACH FL 32174

Title S
Name VAN RIJ, KELLY E
Address 454 LEEWAY TRAIL
City-State-Zip: ORMOND BEACH FL 32174

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: RYAN VAN RIJ

SECRETARY

05/14/2019

Electronic Signature of Signing Officer/Director Detail

Date