

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000153852

**Entity Name:** CENTER FOR INTEGRATIVE MEDICINE, INC.

**Current Principal Place of Business:**

18205 BISCAYNE BLVD  
2214  
AVENTURA, FL 33160

**Current Mailing Address:**

18205 BISCAYNE BLVD  
2214  
AVENTURA, FL 33160

**FEI Number:** 20-3818996

**Certificate of Status Desired:** No

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

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

Title SD  
Name TUROVSKY, VLADIMIR  
Address 18205 BISCAYNE BLVD 2214  
City-State-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

04/29/2013

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

\_\_\_\_\_  
Date