

2014 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

PRESIDENT

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date