

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000153852

Entity Name: CENTER FOR INTEGRATIVE MEDICINE, INC.

Current Principal Place of Business:

19999 COUNTRY CLUB DR W
AVENTURA, FL 33180

Current Mailing Address:

19999 COUNTRY CLUB DR W
AVENTURA, FL 33180 US

FEI Number: 20-3818996

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TUROVSKY, VLADIMIR
19999 COUNTRY CLUB DR W
AVENTURA, FL 33180 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	Title	SD
Name	TUROVSKIY, VLADIMIR	Name	TUROVSKY, VLADIMIR
Address	19999 COUNTRY CLUB DR W	Address	19999 COUNTRY CLUB DR W
City-State-Zip:	AVENTURA FL 33180	City-State-Zip:	AVENTURA FL 33180

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

04/30/2016

Electronic Signature of Signing Officer/Director Detail

Date