

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000095588

Entity Name: INTEGRATIVE HEALTH ALLIANCE LLC

Current Principal Place of Business:

1089 W GRANADA BLVD
SUITE 3
ORMOND BEACH, FL 32174

Current Mailing Address:

1089 W GRANADA BLVD
SUITE 3
ORMOND BEACH, FL 32174 US

FEI Number: 46-3117258

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CUTLER, RONALD
1172 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 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

Authorized Person(s) Detail :

Title MGRM
Name EPITROPOULOS, MICHAEL
Address 1089 W GRANADA BLVD,
SUITE 3
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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DR MICHAEL EPITROPOULOS

MANAGING MEMBER

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date