LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

FILED Sep 29, 2002 8:00 am Secretary of State 09-29-2002 90003 012 ****50.00

DOCUMENT # LO1	1000002313	09-29-2002 90003 012 ****50.00		
INTEGRATED HEAL	.TH OF FLORIDA, LL	.c /		
DO NOT WRITE IN THIS SPACE			874239	
2. Principal Place of Business 6051 N. Ocean Drive 3. Mailing Address 6051 N. Ocean				
Suite, Apt. #, etc. Unit 701 Suite, Apt. #, etc. Unit 701			DO NOT WRITE IN THIS SPACE	
City & State Hollywood, Florida	City & State Hollywood, Florida		4. FEI Number 43–1974645	Applied For Not Applicable
33019 Country USA	Zip 33019	Country USA	5. Certificate of Status Desired	\$5.00 Additional Fee Required
		Company of the second	7. Name and Address of Current Registered	Agent
	OT WRITE	* * * * *	klin Rosenbaum (P.O. Box Number is Not Acceptable)	
IN THIS SPACE		togo i filit	6051 N. Ocean Drive, Unit 701	
8. The above named entity submits this		City Hollywo	ood FL	Zip Code 33019
		Franklin Rosen FEE IS \$50.00 k Payable to Department of DUE BY MAY 1	DATE	
	NG MEMBERS/MANAGERS	(two transfer of the transfe		
MGRM - Franklin I STREET ADDRESS CITY-ST-ZIP MGRM - Franklin I 6051 N. Ocean Dr Hollywood, Florida	ive, Unit 701	TITLE NAME STREET ADDRESS CITY - ST - ZIP		38 (12/01)
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ITLE AME TREET ADDRESS ITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST. ZIP	а.	T.
TLE AME IREET ADDRESS TY-ST-ZIP 1. I hereby certify that the information sur	poliod with this filling does not asset to	NAME STREET ADDRESS CITY: ST-ZIP	ion 119.07(3)(i), Florida Statutes, I further certify	

nature shall have the same legal effect as if made under oath; that I am a managing member or manager of the to execute this report as required by Chapter 608, Florida Statutes.

ED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Franklin Rosenbaum - MGRM

09/18/02

305 775 9874

Daytime Phone #