


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90174 010 \*\*\*\*50.00

<b>DOCUMENT # L02000004731</b> 1. Entity Name <b>INTEGRATIVE ORIENTAL MEDICINE, LLC</b>	
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Principal Place of Business <b>5560A NORTH OCEAN BLVD OCEAN RIDGE, FL 33435 US</b>	Mailing Address <b>5560A NORTH OCEAN BLVD OCEAN RIDGE, FL 33435</b>
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**DO NOT WRITE IN THIS SPACE**



03292007 No Chg-LLC

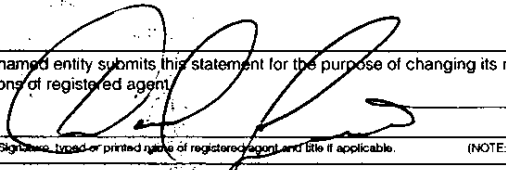
CR2E083 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**LEWIS, DANIEL  
5560A NORTH OCEAN BLVD.  
OCEAN RIDGE, FL 33435**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **4-20-07**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

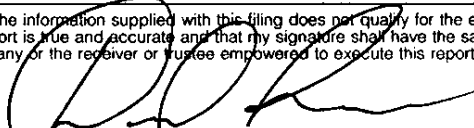
**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM LEWIS, DANIEL <del>5560A N. OCEAN BLVD.</del> <b>5560A N. Ocean Blvd</b> OCEAN RIDGE, FL 33435</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:  DATE: **4-20-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE