2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# L02000004731

Entity Name: INTEGRATIVE ORIENTAL MEDICINE, LLC

Current Principal Place of Business:

5560A N. OCEAN BLVD
OCEAN RIDGE, FL 33435 US

New Principal Place of Business:

Current Mailing Address:

5560A NORTH OCEAN BLVD.
OCEAN RIDGE, FL 33435

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIS, DANIEL
5560A NORTH OCEAN BLVD.
OCEAN RIDGE, FL 33435 US

Name and Address of New Registered Agent:

LEWIS, DANIEL R P
5560A NORTH OCEAN BLVD.
OCEAN RIDGE, FL 33435 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: DANIEL LEWIS 04/08/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LEWIS, DANIEL
Address: 5560A NORTH OCEAN BLVD
City-St-Zip: OCEAN RIDGE, FL 33435

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: LEWIS, DANIEL R
Address: 5560A NORTH OCEAN BLVD
City-St-Zip: OCEAN RIDGE, FL 33435

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DANIEL LEWIS P 04/08/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date