

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031938

FILED
Aug 27, 2004
Secretary of State

Entity Name: INTEGRATIVE WELLNESS GROUP, LLC

Current Principal Place of Business:

2574 LAKE DEBRA DRIVE
29105
ORLANDO, FL 32835

New Principal Place of Business:

1320 SOUTH ORLANDO AVENUE
SUITE 3
WINTER PARK, FL 32789

Current Mailing Address:

2574 LAKE DEBRA DRIVE
29105
ORLANDO, FL 32835

New Mailing Address:

1320 SOUTH ORLANDO AVENUE
SUITE 3
WINTER PARK, FL 32789

FEI Number: 20-0035753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECK, ANTHONY G ND
2574 LAKE DEBRA DRIVE
29105
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BECK, ANTHONY G ND
Address: 2574 LAKE DEBRA DRIVE #29105
City-St-Zip: ORLANDO, FL 32835

Title: MGRM () Delete
Name: CARDER, ROBERT G
Address: 4630 KIRKMAN ROAD #274
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: BECK, DANIELLE C
Address: 2574 LAKE DEBRA DRIVE #29105
City-St-Zip: ORLANDO, FL 32811

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANTHONY G BECK

CEO

08/27/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date