2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026623

Entity Name: INTEGRATIVE HEALTHCARE SYSTEMS, LLC

FILED Mar 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

14100 MYAKKA POINTE DRIVE 14418 SILVER LAKES CIRCLE PORT CHARLOTTE, FL 33953 US PORT CHARLOTTE, FL 33953 US

Current Mailing Address: New Mailing Address:

14100 MYAKKA POINTE DRIVE 14418 SILVER LAKES CIRCLE PORT CHARLOTTE, FL 33953 US PORT CHARLOTTE, FL 33953 US

FEI Number: 20-0131333 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GANNON, ELIZABETH

14100 MYAKKA POINTE DRIVE
PORT CHARLOTTE, FL 33953 US

GANNON, ELIZABETH

14418 SILVER LAKES CIRCLE
PORT CHARLOTTE, FL 33953 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: ELIZABETH GANNON 03/30/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

Name:GANNON, ELÌZABETHName:GANNON, ELIZABETHAddress:14100 MYAKKA POINTE DRIVEAddress:14418 SILVER LAKES CIRCLECity-St-Zip:PORT CHARLOTTE, FL 33953 USCity-St-Zip:PORT CHARLOTTE, FL 33953 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ELIZABETH GANNON MGR 03/30/2007