2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 12, 2008
Secretary of State

DOCUMENT# L03000026623

Entity Name: INTEGRATIVE HEALTHCARE SYSTEMS, LLC

Current Principal Place of Business:

1720 EL JOBEAN RD, SUITE 206
PORT CHARLOTTE, FL 33948 US

New Principal Place of Business:

1365 FARGO STREET
PORT CHARLOTTE, FL 33952 US

Current Mailing Address:

1720 EL JOBEAN RD, SUITE 206
PORT CHARLOTTE, FL 33948 US

New Mailing Address:

1365 FARGO STREET
PORT CHARLOTTE, FL 33952 US

FEI Number: 20-0131333 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GANNON, ELIZABETH
14418 SILVER LAKES CIRCLE
PORT CHARLOTTE, FL 33953 US

Name and Address of New Registered Agent:

GANNON, ELIZABETH
1365 FARGO STREET
PORT CHARLOTTE, FL 33952 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 06/12/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GANNON, ELIZABETH
Address: 14418 SILVER LAKES CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33953 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GANNON, ELIZABETH
Address: 1365 FARGO STREET
City-St-Zip: PORT CHARLOTTE, FL 33952 US

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: ELIZABETH GANNON MGR 06/12/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date