

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035307

FILED
Apr 29, 2010
Secretary of State

Entity Name: INSTITUTE OF INTEGRATIVE MEDICINE, LLC

Current Principal Place of Business:

4380 NW 135TH STREET
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

4380 NW 135TH STREET
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 51-0516033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AGRAUAL, AKHIL
4380 NW 135TH STREET
OPA LOCKA, FL 33054 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/MANAGERS:

Title: MGR
Name: AGRAWAL, AKHIL
Address: 4380 NW 135TH STREET
City-St-Zip: OPA LOCKA, FL 33054

Title: MGR
Name: AGRAWAL, SUKRIT
Address: 4380 NW 135TH STREET
City-St-Zip: OPA LOCKA, FL 33054

I hereby 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: AKHIL AGRAWAL

PRES

04/29/2010

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