

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90201 038 \*\*\*\*50.00

**DOCUMENT # L05000068047**

1. Entity Name  
**INTEGRATIVE MEDICINE HEALING CENTER, LLC**



Principal Place of Business  
**5770 ROOSEVELT BLVD., SUITE 300  
CLEARWATER, FL 33760**

Mailing Address  
**5770 ROOSEVELT BLVD., SUITE 300  
CLEARWATER, FL 33760**

**30004022**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03032006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-3110841** Applied For ☐ Not Applied ☐

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WALDER, LYNNE ATTY.  
777 SOUTH HARBOUR ISLAND BLVD., SUITE 128  
TAMPA, FL 33602**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM MUTTER, KAREN L D.O. 5770 ROOSEVELT BLVD., SUITE 300 CLEARWATER, FL 33760</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *[Signature]* **3/3/06** **727-524-0900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #