2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2008
Secretary of State

DOCUMENT# L06000020931

Entity Name: INTEGRATIVE WELLNESS CENTER, P.L.

Current Principal Place of Business:

3215 S. MACDILL AVENUE, SUITE H
TAMPA, FL 33629

New Principal Place of Business:

3610 W. SANTIAGO ST.
TAMPA, FL 33629

Current Mailing Address:

3215 S. MACDILL AVENUE, SUITE H
TAMPA, FL 33629

New Mailing Address:

3610 W. SANTIAGO ST.
TAMPA, FL 33629

FEI Number: 20-4373594 **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:

HINES, JAMES P JR.
315 S. HYDE PARK AVENUE
TAMPA, FL 33606 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: P ( ) Delete
Name: RIPPA, GARY M
Address: 3610 WEST SANTIAG ST
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

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

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: GARY M. RIPPA OWNE 07/11/2008

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