

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020931

FILED
Apr 14, 2009
Secretary of State

Entity Name: INTEGRATIVE WELLNESS CENTER, P.L.

Current Principal Place of Business:

3610 W. SANTIAGO ST.
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

3610 W. SANTIAGO ST.
TAMPA, FL 33629

New Mailing Address:

FEI Number: 20-4373594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 SANTIAGO ST
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: RIPPA, GARY M
Address: 3610 WEST SANTIAGO ST
City-St-Zip: TAMPA, FL 33629

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

P

04/14/2009

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