

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049234

FILED  
Jan 24, 2008  
Secretary of State

**Entity Name:** INTEGRATIVE HOSPITAL ASSOCIATES, LLC

**Current Principal Place of Business:**

3602 DOVECOTE MEADOW LANE  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

3602 DOVECOTE MEADOW LANE  
DAVIE, FL 33328

**New Mailing Address:**

FEI Number: 26-0141186

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DENNY, SCOTT  
3602 DOVECOTE MEADOW LANE  
DAVIE, FL 33328 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: MGRM ( ) Delete  
Name: DENNY, SCOTT  
Address: 3602 DOVECOTE MEADOW LANE  
City-St-Zip: DAVIE, FL 33328

**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: SCOTT DENNY

MGRM

01/24/2008

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