

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049234

**FILED**  
**Apr 28, 2010**  
**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:**

2215 S. UNIVERSITY DR.  
DAVIE, FL 33324

**Current Mailing Address:**

3602 DOVECOTE MEADOW LANE  
DAVIE, FL 33328

**New Mailing Address:**

2215 S. UNIVERSITY DR.  
DAVIE, FL 33324

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:**

DENNY, SCOTT  
2215 S. UNIVERSITY DR.  
DAVIE, FL 33324 US

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

04/28/2010

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DENNY, SCOTT  
Address: 2215 S. UNIVERSITY DR.  
City-St-Zip: DAVIE, FL 33324

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: SCOTT DENNY

MGRM

04/28/2010

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