2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# L08000032656

Entity Name: INTEGRATIVE MEDICINE, WELLNESS & HEALTH, LLC

Current Principal Place of Business:

18550 US HIGHWAY 441
MT. DORA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

18550 US HIGHWAY 441
MT. DORA, FL 32757 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, GARY
202 S ROME AVENUE
SUITE 100
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

CHANG, KHAI
18550 US HIGHWAY 441
MT. DORA, FL 32757 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: KHAI CHANG MD 01/29/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CHANG, KHAI S M.D.
Address: 18550 US HIGHWAY 441
City-St-Zip: MT. DORA, FL 32757 US

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: KHAI CHANG MD MGRM 01/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date