

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000023694

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** PALM BEACH INTEGRATIVE MEDICINE, LLC

**Current Principal Place of Business:**

767 S. STATE RD., 7  
PLANTATION, FL 33317

**New Principal Place of Business:**

4101 NW 4TH STREET  
SUITE 211  
PLANTATION, FL 33317

**Current Mailing Address:**

767 S. STATE RD., 7  
PLANTATION, FL 33317

**New Mailing Address:**

4101 NW 4TH STREET  
SUITE 211  
PLANTATION, FL 33317

**FEI Number:** 26-4430435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DELUCA, JOHN M.D.  
767 S. STATE RD., 7  
PLANTATION, FL 33317 US

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

DELUCA, JOHN M.D.  
4101 NW 4TH STREET  
SUITE 211  
PLANTATION, FL 33317 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: \_\_\_\_\_

02/07/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DELUCA, JOHN M.D.  
Address: 4101 NW 4TH STREET, SUITE 211  
City-St-Zip: PLANTATION, FL 33317

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: JOHN DELUCA MD

MGRM

02/07/2012

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