2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2011
Secretary of State

DOCUMENT# L10000102260

Entity Name: ALTRU INTEGRATIVE THERAPIES, LLC

Current Principal Place of Business:

4500 N. FLAGLER DR.
APT. # B-18
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

4500 N. FLAGLER DR.
APT. # B-18
WEST PALM BEACH, FL 33407 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:

WILLIAMS, ANGELA L
4500 N. FLAGLER DR.
APT.# B-18
WEST PALM BEACH, FL 33407 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: MGR
Name: WILLIAMS, ANGELA L
Address: 4500 N. FLAGLER DR., B-18
City-St-Zip: WEST PALM BEACH, FL 33407 US

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 Statues.

SIGNATURE: ANGELA L. WILLIAMS MGR 05/01/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date