

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000004309

FILED
Jan 06, 2012
Secretary of State

Entity Name: INTEGRATIVE HEALTH & ALTERNATIVE PAIN CENTER, LLC

Current Principal Place of Business:

195 S WESTMONTE DR
SUITE 1120
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

195 S WESTMONTE DR
SUITE 1120
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 27-4510329 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BURKHART, MARISA L
195 S WESTMONTE DR
SUITE 1120
ALTAMONTE SPRINGS, FL 32714 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: BURKHART, MARISA L
Address: 195 S WESTMONTE DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 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 Statutes.

SIGNATURE: MARISA L. BURKHART MGR 01/06/2012

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