

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000045984

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** INTEGRATIVE HEALTH OF ORLANDO LLC

**Current Principal Place of Business:**

425 ALEXANDRIA BLVD  
SUITE 1010  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

425 ALEXANDRIA BLVD  
SUITE 1010  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 45-1781102

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KABA CONSULTING INC  
1635 E HWY 50  
STE 103  
CLERMONT, FL 34711 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: MGRM  
Name: OTT, MARC  
Address: 14820 STONEBRIAR WAY  
City-St-Zip: ORLANDO, FL 32826

Title: MGR  
Name: OTT, MICHELLE  
Address: 14820 STONEBRIAR WAY  
City-St-Zip: ORLANDO, FL 32826

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: MARC OTT

MGRM

04/12/2012

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