

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M04000000287

FILED
Mar 19, 2009
Secretary of State

Entity Name: INTEGRATED WELLNESS SERVICES, LLC

Current Principal Place of Business:

6105 OLD CORRAL STREET
CHARLOTTE, NC 28277

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 77954
CHARLOTTE, NC 28271

New Mailing Address:

FEI Number: 20-0552362 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CARPINTERI, DEBORAH J
34519 CEDARFIELD DRIVE
RIDGE MANOR, FL 33523 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: DEBORAH J. CARPINTERI

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: CARPINTERI, DEBORAH J
Address: 6105 OLD CORRAL STREET
City-St-Zip: CHARLOTTE, NC 28277

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: DEBORAH J. CARPINTERI

MGR

03/19/2009

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