2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008
Secretary of State

DOCUMENT# M05000005935

Entity Name: THE INTEGRATIVE HEALTH SOLUTION! LLC

Current Principal Place of Business:

12381 S OBT
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

12381 S OBT
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 36-4573828 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORALES, JUAN C
12381 S ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

JULIA, DRUSILLA CHEES
12381 S ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837 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: JULIA RUSILLA CHEESMAN 02/27/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CARDER, ROBERT G
Address: 4700 MILLENIA BLVD., SUITE 175
City-St-Zip: ORLANDO, FL 32839

Title: MGR ( ) Delete
Name: MORALES, JUAN C
Address: 4700 MILLENIA BLVD., SUITE 175
City-St-Zip: ORLANDO, FL 32839

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: JULIA, DRUSILLA CHEES
Address: 12381 S. OBT
City-St-Zip: ORLANDO, FL 32837

Title: MGR (X) Change ( ) Addition
Name: MORALES, JUAN C
Address: 12381 S. OBT
City-St-Zip: ORLANDO, FL 32837

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: JULIA DRUSILL CHEESMAN P 02/27/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date