

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005935

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** THE INTEGRATIVE HEALTH SOLUTION! LLC

**Current Principal Place of Business:**

12381 S OBT  
ORLANDO, FL 32837

**New Principal Place of Business:**

1119 MANN STREET  
KISSIMMEE, FL 34744

**Current Mailing Address:**

12381 S OBT  
ORLANDO, FL 32837

**New Mailing Address:**

1119 MANN STREET  
KISSIMMEE, FL 34744

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

JULIA, DRUSILLA CHEES  
12381 S ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837      US

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

MORALES, JUAN C  
1119 MANN STREET  
KISSIMMEE, FL 34741      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: JUAN C MORALES

05/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: MORALES, JUAN C  
Address: 1119 MANN STREET  
City-St-Zip: KISSIMMEE, FL 34741

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: JUAN C MORALES

MGR

05/01/2009

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