

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003033

FILED
Apr 06, 2009
Secretary of State

Entity Name: NEXT STEP INSTITUTE OF INTEGRATIVE MEDICINE, INC.

Current Principal Place of Business:

1051 PORT MALABAR ROAD, N.E.
SUITE 3
PALM BAY, FL 32905 US

New Principal Place of Business:

Current Mailing Address:

1051 PORT MALABAR ROAD, N.E.
SUITE 3
PALM BAY, FL 32905 US

New Mailing Address:

FEI Number: 59-3256352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANLEY, LISA B
1051 PORT MALABAR BLVD. N.E.
SUITE 6
PALM BAY, FL 32905 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WEISS, MARY C
Address: 1051 PT MALABAR BLVD NE SUITE 3
City-St-Zip: PALM BAY, FL 32905

Title: P () Delete
Name: WEISS, GARY M MD
Address: 1051 PORT MALABAR BLVD NE #6
City-St-Zip: PALM BAY, FL 32905

Title: D () Delete
Name: NEWBERRY, JORDAN M
Address: 240 BAY TREE LANE
City-St-Zip: PALM BAY, FL 32909

Title: D () Delete
Name: BROWN, ERIN
Address: 3705 EAGLE WAY
City-St-Zip: MELBOURNE, FL 32934

Title: T () Delete
Name: STANLEY, LISA B
Address: 1051 PORT MALABAR BLVD NE #6
City-St-Zip: PALM BAY, FL 32905

Title: D () Delete
Name: KAUFMANN, REGINA MD
Address: 7125 MURRELL RD
City-St-Zip: VIERA, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA B STANLEY

TREA

04/06/2009

Electronic Signature of Signing Officer or Director

Date