

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003033

FILED  
Jan 18, 2010  
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  
Name: WEISS, MARY C  
Address: 1051 PT MALABAR BLVD NE SUITE 3  
City-St-Zip: PALM BAY, FL 32905

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

Title: D  
Name: NEWBERRY, JORDAN M  
Address: 1051 PORT MALABARBLVD NE #6  
City-St-Zip: PALM BAY, FL 32905

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: GARY M WEISS MD

PRES

01/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date