

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90113 022 ***150.00

DOCUMENT # P00000060375

1. Entity Name
INTEGRATIVE HEALTH INC.



Principal Place of Business
**P O BOX 1959
SARASOTA FL 34230
US**

Mailing Address
**P O BOX 1959
SARASOTA FL 34230
US**



2. Principal Place of Business
**1343 MAIN ST.
Suite, Apt. #, etc.
400**

3. Mailing Address
**PO BOX 1959
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State
SARASOTA FL
Zip
34230

City & State
SARASOTA FL
Zip
34230

4. FEI Number **65-1035779**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHORR, JAMES L
2 MARINA PLAZA
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHORR, JAMES L 507 JACKSON DRIVE SARASOTA FL 34236	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 4, 2003 *941.366.5726*

CR2E034 (10/02)