

2004 FOR PROFIT CORPORATION ANNUAL REPORT

192

DOCUMENT # P00000064693

1. Entity Name
INTEGRATIVE HEALTH DIAGNOSTICS, INC.



FILED
04 OCT -4 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9420 S.W. 77TH AVE., STE. 101
MIAMI, FL 33156

Mailing Address
9420 S.W. 77TH AVE., STE. 101
MIAMI, FL 33156

2. Principal Place of Business

S. A. A.

3. Mailing Address

S. A. A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09202004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1029786

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FUENTES, LUIS O
9420 S.W. 77TH AVE., STE. 101
MIAMI, FL 33156

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME FUENTES, LUIS O
STREET ADDRESS 9420 S.W. 77TH AVE., STE. 101
CITY-ST-ZIP MIAMI, FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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.

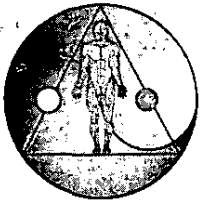
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/04

Date

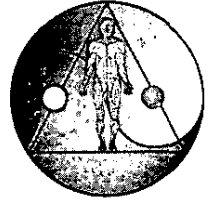
Daytime Phone #



Integrative Health Diagnostics

9420 SW 77th Ave., Suite 101 • Miami, Florida 33156

Office: 305 412-0011 • Emergency: 305 905-9855 • Fax: 305 412-3837 • Email: allhealthe@cs.com



9/7/04

Dear FD of State:

I attempted to file on line this past weekend but your site was down.

I tried filing today BUT THERE IS NO PROVISION WHEN "I DID NOT RECEIVE NOTICE OF RENEWAL."

I tried downloading the form today BUT IT DID NOT WORK

I called 850 245-6056 X 4 but it rang for almost 30 minutes and no one answered.

Enclosed is check for \$150. —

1) There are no changes to my status.

2) I DID NOT RECEIVE NOTICE TO PAY BEFORE MAY 1ST

SEE ATTACHED
FOR REFERENCE

Thank you

D Luis Fuentes