

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000057052

FILED  
Oct 25, 2004  
Secretary of State

**Entity Name:** INTEGRATIVE HEALTH CARE CONSULTING INC.

**Current Principal Place of Business:**

1152 N UNIVERSITY DRIVE STE 202  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

15 ISLE OF VENICE DRIVE  
#10  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

1152 N UNIVERSITY DRIVE STE 202  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

15 ISLE OF VENICE DRIVE  
# 10  
FORT LAUDERDALE, FL 33301

**FEI Number:** 65-1064023

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHEDIAK, MIRTA  
1152 N UNIVERSITY DRIVE STE 202  
PEMBROKE PINES, FL 33024 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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DIMATTIA, MARA  
Address: 4177 S PINE ISLAND RD  
City-St-Zip: DAVIE, FL 33328

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: DI MATTIA, MARA  
Address: 15 ISLE OF VENICE DRIVE  
City-St-Zip: # 10, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARA DI MATTIA

PRES

10/25/2004

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

\_\_\_\_\_  
Date