2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 21, 2010
Secretary of State

DOCUMENT# P03000019606

Entity Name: NORTHWEST CENTER FOR INTEGRATIVE MEDICINE & REHABILITATION, INC.

Current Principal Place of Business:

2960 NORTH STATE ROAD 7
SUITE 204
MARGATE, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

2960 NORTH STATE ROAD 7
SUITE 204
MARGATE, FL 33063 US

New Mailing Address:

FEI Number: 38-3673389 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FREEMAN, ABRAHAM R DR.
2960 NORTH STATE ROAD 7
SUITE 204
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

FREEMAN, ABRAHAM R
2960 NORTH STATE ROAD 7
SUITE 204
MARGATE, FL 33063 US

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: ABRAHAM R. FREEMAN 09/21/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DIR
Name: FREEMAN, ABRAHAM R
Address: 11001 NW 12 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: DVS
Name: WHITTEN, KIRK
Address: 810 NW 6 TERRACE
City-St-Zip: BOCA RATON, FL 33486 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KIRK WHITTEN DVS 09/21/2010
Electronic Signature of Signing Officer or Director Date