

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000031927

FILED  
Mar 22, 2006  
Secretary of State

Entity Name: RJ INTEGRATIVE HEALTH CARE, INC.

## Current Principal Place of Business:

8881 FOUNTAINE BLEAU BLVD  
SUITE 201 A  
MIAMI, FL 33172 US

## New Principal Place of Business:

58 GLENDALE DRIVE  
MIAMI SPRINGS, FL 33166 US

## Current Mailing Address:

8881 FOUNTAINBLEAU BLVD., APT. 201A  
MIAMI, FL 33172 US

## New Mailing Address:

58 GLENDALE DRIVE  
MIAMI SPRINGS, FL 33166 US

FEI Number: 77-0596018

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

A & J ADVISORY SERVICE  
2620 BUTTONWOOD AVE  
MIRAMAR, FL 33025 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: URDANETA, ROBERTO J  
Address: 8881 FOUNTAINEBLEAU BLVD 201A  
City-St-Zip: MIAMI, FL 33172 US

Title: VP ( ) Delete  
Name: URDANETA, MARIA E  
Address: 8881 FOUNTAINEBLEAU BLVD  
City-St-Zip: MIAMI, FL 33172

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: URDANETA, ROBERTO J  
Address: 58 GLENDALE DRIVE  
City-St-Zip: MIAMI SPRINGS, FL 33166 US

Title: VP (X) Change ( ) Addition  
Name: URDANETA, MARIA E  
Address: 58 GLENDALE DRIVE  
City-St-Zip: MIAMI SPRINGS, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROBERTO J. URDANETA

PST

03/22/2006

Electronic Signature of Signing Officer or Director

Date