

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149364

**FILED**  
**Mar 25, 2009**  
**Secretary of State**

**Entity Name:** INTEGRATIVE HEALTH PSYCHOLOGY, P.A.

**Current Principal Place of Business:**

2441 W SR 426, STE 1021  
OVIEDO, FL 327654515

**New Principal Place of Business:**

**Current Mailing Address:**

1570 CARRINGTON AVE  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

2441 W SR 426, STE 1021  
OVIEDO, FL 327654515

**FEI Number:** 33-1078281

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAMIS, PH.D, ABPP, LOUIS F  
1570 CARRINGTON AVE  
WINTER PARK, FL 32708 US

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

DAMIS, PH.D, ABPP, LOUIS F  
2441 W SR 426, SUITE 1021  
OVIEDO, FL 32765 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: LOUIS F DAMIS

03/25/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DR ( ) Delete  
Name: DAMIS, PH.D, ABPP, LOUIS F  
Address: 6001 BRICK CT STE 201  
City-St-Zip: WINTER PARK, FL 32792

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

Title: DR (X) Change ( ) Addition  
Name: DAMIS, PH.D, ABPP, LOUIS F  
Address: 2441 W SR 426, SUITE 1021  
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify 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: LOUIS F DAMIS

DR.

03/25/2009

Electronic Signature of Signing Officer or Director

Date