

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149364

**FILED**  
**Mar 15, 2010**  
**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:**

2441 W SR 426, STE 1021  
OVIEDO, FL 327654515

**New Mailing Address:**

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  
2441 W SR 426, SUITE 1021  
OVIEDO, FL 32765 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: DR  
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 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: LOUIS F DAMIS

DR

03/15/2010

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

\_\_\_\_\_ Date