2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 22, 2007
Secretary of State

DOCUMENT# P05000116813

Entity Name: INTEGRATIVE HEALING PROFESSIONALS, INC.

Current Principal Place of Business:

110 EAST BLOOMINDALE BLVD
BRANDON, FL 33511

New Principal Place of Business:

110 EAST BLOOMINDALE AVE
BRANDON, FL 33511

Current Mailing Address:

110 EAST BLOOMINGDALE BLVD
BRANDON, FL 33511

New Mailing Address:

110 EAST BLOOMINGDALE AVE
BRANDON, FL 33511

FEI Number: 20-3576474 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CACERES, GUILLERMO
110 EAST BLOOMINGDALE BLVD
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

CACERES, GUILLERMO
110 EAST BLOOMINGDALE AVE
BRANDON, FL 33511 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: GUILLERMO CACERES 10/22/2007
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: OD ( ) Delete
Name: CACERES, GUILLERMO
Address: 110 EAST BLOOMINGDALE BLVD
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OD (X) Change ( ) Addition
Name: CACERES, GUILLERMO
Address: 110 EAST BLOOMINGDALE AVE
City-St-Zip: BRANDON, FL 33511

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: GUILLERMO CACERES OD 10/22/2007
Electronic Signature of Signing Officer or Director Date