

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000150964

**Entity Name:** INTERGRATIVE HEALTH, INC.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9245 SW 157TH STREET  
SUITE 210  
PALMETTO BAY, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

9245 SW 157 STREET  
SUITE 210  
PALMETTO BAY, FL 33157

**New Mailing Address:**

**FEI Number:** 75-3204760

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORISH, ROBERT  
9245 SW 157 TH STREET  
SUITE 210  
PALMETTO BAY, FL 33157 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CORISH, ROBERT  
Address: 9245 SW 157TH STREET, SUITE 210  
City-St-Zip: PALMETTO BAY, FL 33157

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: R CORISH

DP

04/29/2011

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

\_\_\_\_\_  
Date