

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000153852

FILED  
May 02, 2006  
Secretary of State

Entity Name: CENTER FOR INTEGRATIVE MEDICINE, INC.

## Current Principal Place of Business:

1833 S. OCEAN DRIVE  
PH 5  
HALLANDALE, FL 33009

## New Principal Place of Business:

20636 BISCAYNE BLVD  
AVENTURA, FL 33180

## Current Mailing Address:

1833 S. OCEAN DRIVE  
PH 5  
HALLANDALE, FL 33009

## New Mailing Address:

20636 BISCAYNE BLVD  
AVENTURA, FL 33180

FEI Number: 20-3818996

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TUROVSKY, VLADIMIR  
1833 S. OCEAN DRIVE  
PH 5  
HALLANDALE, FL 33009 US

## Name and Address of New Registered Agent:

TUROVSKY, VLADIMIR  
20636 BISCAYNE BLVD  
AVENTURA, FL 33180 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: VLADIMIR TUROVSKIY

05/02/2006

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: PD ( ) Delete  
Name: MANCHIK, MIKHAIL  
Address: 2001 N. OCEAN BLVD. #302  
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: SD ( ) Delete  
Name: TUROVSKY, VLADIMIR  
Address: 1833 S. OCEAN DRIVE PH-5  
City-St-Zip: HALLANDALE, FL 33009

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: TUROVSKIY, VLADIMIR  
Address: 20636 BISCAYNE BLVD  
City-St-Zip: AVENTURA, FL 33180

Title: SD (X) Change ( ) Addition  
Name: TUROVSKY, VLADIMIR  
Address: 20636 BISCAYNE BLVD  
City-St-Zip: AVENTURA, FL 33180

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: TUROVSKIY VLADIMIR

PD

05/02/2006

Electronic Signature of Signing Officer or Director

Date