2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P05000153852

Entity Name: CENTER FOR INTEGRATIVE MEDICINE, INC.

Current Principal Place of Business:

20636 BISCAYNE BLVD
AVENTURA, FL 33180

New Principal Place of Business:

18205 BISCAYNE BLVD
2214
AVENTURA, FL 33160

Current Mailing Address:

20636 BISCAYNE BLVD
AVENTURA, FL 33180

New Mailing Address:

18205 BISCAYNE BLVD
2214
AVENTURA, FL 33160

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
20636 BISCAYNE BLVD
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

TUROVSKY, VLADIMIR
18205 BISCAYNE BLVD
2214
AVENTURA, FL 33160 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: TUROVSKIY 04/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TUROVSKIY, VLADIMIR
Address: 18205 BISCAYNE BLVD 2214
City-St-Zip: AVENTURA, FL 33160

Title: SD (X) Change ( ) Addition
Name: TUROVSKY, VLADIMIR
Address: 18205 BISCAYNE BLVD 2214
City-St-Zip: AVENTURA, FL 33160

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: TUROVSKIY PD 04/30/2009
Electronic Signature of Signing Officer or Director Date