

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000051509

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Entity Name:** THE INSTITUTE FOR MIND AND BODY INC.

**Current Principal Place of Business:**

2475 BRICKELL AVENUE, SUITE #2204  
MIAMI, FL 33129

**New Principal Place of Business:**

401 CORAL WAY #208 A  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2475 BRICKELL AVENUE, SUITE #2204  
MIAMI, FL 33129

**New Mailing Address:**

2600 S DOUGLAS RD #907  
CORAL GABLES, FL 33134

**FEI Number:** 20-4684050

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MELNICK, ILAN DR.  
2475 BRICKELL AVE., SUITE 2204  
MIAMI, FL 33129 US

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

MELNICK, ILAN DR.  
2600 S DOUGLAS RD #907  
CORAL GABLES, FL 33134 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: ILAN MELNICK

03/08/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: MELNICK, ILAN  
Address: 2600 S DOUGLAS RD #907  
City-St-Zip: CORAL GABLES, FL 33134

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: ILAN MELNICK

OWNE

03/08/2011

Electronic Signature of Signing Officer or Director

Date