

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000091432**

1. Entity Name  
**INTEGRATIVE MEDICINE OF LAKE MARY INC.**



Principal Place of Business  
**800 W LAKE MARY BLVD.  
SANFORD, FL 32773**

Mailing Address  
**800 W LAKE MARY BLVD.  
SANFORD, FL 32773**



05022008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>61-1484146</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**LYNCH, RONALD  
800 W LAKE MARY BLVD.  
SANFORD, FL 32773**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	DPVS
NAME	LYNCH, RONALD
STREET ADDRESS	800 W LAKE MARY BLVD.
CITY - ST - ZIP	SANFORD, FL 32773
TITLE	T
NAME	LYNCH, RONALD
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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06/02/08-80048-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Ronald Lynch MD*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*5-1-2008*  
**Date**

**Daytime Phone #**