

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000091432

FILED
Apr 15, 2009
Secretary of State

Entity Name: INTEGRATIVE MEDICINE OF LAKE MARY INC.

Current Principal Place of Business:

800 W LAKE MARY BLVD.
SANFORD, FL 32773

New Principal Place of Business:

2500 W. LAKE MARY BLVD
SUITE # 109
LAKE MARY, FL 32746

Current Mailing Address:

800 W LAKE MARY BLVD.
SANFORD, FL 32773

New Mailing Address:

2500W. LAKE MARY BLVD
SUITE # 109
LAKE MARY, FL 32746

FEI Number: 61-1484146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LYNCH, RONALD MD, MS
2500 W. LAKE MARY BLVD
SUITE # 109
LAKE MARY, FL 32746 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: RONALD LYNCH, M.D., M.S.

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVS () Delete
Name: LYNCH, RONALD
Address: 800 W LAKE MARY BLVD.
City-St-Zip: SANFORD, FL 32773

Title: T () Delete
Name: LYNCH, RONALD
Address: 800 W LAKE MARY BLVD.
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVPS (X) Change () Addition
Name: LYNCH, RONALD MD
Address: 2500 W. LAKE MARY BLVD
City-St-Zip: LAKE MARY, FL 32746

Title: T (X) Change () Addition
Name: LYNCH, RONALD MD, MS
Address: 2500 W. LAKE MARY BLVD
City-St-Zip: LAKE MARY, FL 32746

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: RONALD LYNCH, MD, M.S.

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date