2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000001585

FILED Feb 18, 2009 Secretary of State

Entity Name: BRADENTON EAST INTEGRATIVE MEDICINE, P.A.

New Principal Place of Business: Current Principal Place of Business: 6120 53RD AVE E BRADENTON, FL 34203 US **Current Mailing Address: New Mailing Address:** 5602 DUVAL STREET BRADENTON, FL 34203 US FEI Number: 26-1729363 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLALOCK, WALTERS, HELD & JOHNSON, P.A. 802 11TH STREET WEST BRADENTON, FL 342057734 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BRAINARD, KAREN M.D. Name: Name: 5602 DUVAL STREET Address: Address: City-St-Zip: BRADENTON, FL 34203 US City-St-Zip: Title: ٧S () Delete Title: () Change () Addition JAMES, ROBERTA ARNP Name: Name: 5602 DUVAL STREET Address: Address: BRADENTON, FL 34203 US City-St-Zip: City-St-Zip:

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: KAREN BRAINARD M.D. PTD 02/18/2009