

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000003773

FILED  
Apr 05, 2010  
Secretary of State

**Entity Name:** INTEGRATIVE WELLNESS CENTER OF GULF BREEZE, INC.

**Current Principal Place of Business:**

4657 GULF BREEZE PARKWAY, UNIT A&B  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

**Current Mailing Address:**

4657 GULF BREEZE PARKWAY, UNIT A&B  
GULF BREEZE, FL 32563

**New Mailing Address:**

4657 GULF BREEZE PARKWAY, UNIT A&B  
UNITS A & B  
GULF BREEZE, FL 32563

**FEI Number:** 26-1685715

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CANN, KAREN  
2478 HOUSTON CIRCLE  
GULF BREEZE, FL 32563 US

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

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:**

Title: DR.  
Name: CANN, KAREN  
Address: 2478 HOUSTON CIRCLE  
City-St-Zip: GULF BREEZE, FL 32563

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:** KAREN CANN

OWNE

04/05/2010

Electronic Signature of Signing Officer or Director

Date