

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000003773

FILED
Apr 02, 2011
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
UNITS A & B
GULF BREEZE, FL 32563

New Mailing Address:

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

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 A. CANN

DR.

04/02/2011

Electronic Signature of Signing Officer or Director

Date