

P09000089804

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@ 12/22/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Integrative Health Management Services, Inc
Name of Corporation

DOCUMENT NUMBER: P0900008904

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. Aleksandra V. Gioe
Name of Contact Person

Integrative Health Management Services, Inc
Firm/Company

8867 SE Oakgrove Terrace
Address

Hobe Sound, Florida 33455
City/State and Zip Code

HLTHLIVING@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Aleksandra Gioe at (312) 505-5040
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Integrative Health Management Services Inc.
2. The principal office address: 8867 SE oakgrove Terrace
Hobe Sound, Fla 33455
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/29/2009 Document number: P09000089804
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Corporate Creations Network, Inc
11380 prosperity farms Road #221E
palm Beach Gardens, FL 33410

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Dr. Aleksandra Gibe
8867 SE oakgrove Terrace
P.O. Box NOT acceptable
Hobe Sound, Florida 33455

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Aleksandra V. Gibe, President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

12/11/2010
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)