2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# P10000006915

Entity Name: INTEGRATIVE FAMILY MEDICINE, INC.

Current Principal Place of Business:

1355 ORAGE AVENUE SUITE 2
WINTER PARK, FL 32789

New Principal Place of Business:

1920 N. ORANGE AVENUE
SUITE 101
ORLANDO, FL 32804

Current Mailing Address:

1355 ORAGE AVENUE SUITE 2
WINTER PARK, FL 32789

New Mailing Address:

P.O. BOX 1763
WINTER PARK, FL 32790

FEI Number: 27-1645483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DOLINER, NATALIE A
2349 FALMOUTH ROAD
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

DOLINER, NATALIE A
1920 N. ORANGE AVENUE
SUITE 101
ORLANDO, FL 32804 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: NATALIE A. DOLINER 02/17/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: DOLINER, NATALIE A
Address: 1920 N. ORANGE AVE
City-St-Zip: ORLANDO, FL 32804

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: NATALIE A. DOLINER D 02/17/2011
Electronic Signature of Signing Officer or Director Date