2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2012
Secretary of State

DOCUMENT# P10000006915

Entity Name: INTEGRATIVE FAMILY MEDICINE, INC.

Current Principal Place of Business:

1920 N. ORANGE AVENUE
SUITE 101
ORLANDO, FL 32804

New Principal Place of Business:

1124 WEST HARVARD STREET
ORLANDO, FL 32804 US

Current Mailing Address:

P.O. BOX 1763
WINTER PARK, FL 32790

New Mailing Address:

1124 WEST HARVARD STREET
ORLANDO, FL 32804 US

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
1920 N. ORANGE AVENUE
SUITE 101
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

DOLINER, NATALIE A
1124 WEST HARVARD STREET
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 01/06/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: DOLINER, NATALIE A
Address: 1124 WEST HARVARD STREET
City-St-Zip: ORLANDO, FL 32804 US

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 DR. 01/06/2012
Electronic Signature of Signing Officer or Director Date