

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000053233

FILED
Jan 06, 2011
Secretary of State

Entity Name: INTEGRATED WELLNESS SOLUTIONS, INC.

Current Principal Place of Business:

7620 CLUBDALE LOOP
ORLANDO, FL 32810 US

New Principal Place of Business:

1712 MERRITT PARK DRIVE
ORLANDO, FL 32803 US

Current Mailing Address:

7620 CLUBDALE LOOP
ORLANDO, FL 32810 US

New Mailing Address:

1712 MERRITT PARK DRIVE
ORLANDO, FL 32803 US

FEI Number: 27-2933404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILINSKI, RACHEL L
7620 CLUBDALE LOOP
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

HILINSKI, RACHEL L
1712 MERRITT PARK DRIVE
ORLANDO, FL 32803 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: RACHEL HILINSKI

01/06/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: HILINSKI, RACHEL L
Address: 7620 CLUBDALE LOOP
City-St-Zip: ORLANDO, FL 32810 US

Title: VP
Name: HILINSKI, RACHEL L
Address: 1712 MERRITT PARK DRIVE
City-St-Zip: ORLANDO, FL 32803 US

Title: S
Name: HILINSKI, RACHEL L
Address: 1712 MERRITT PARK DRIVE
City-St-Zip: ORLANDO, FL 32803 US

Title: T
Name: HILINSKI, RACHEL L
Address: 1712 MERRITT PARK DRIVE
City-St-Zip: ORLANDO, FL 32803 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: RACHEL HILINSKI

P

01/06/2011

Electronic Signature of Signing Officer or Director

Date