

P1200082274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 11, 2012

GARRETT E. KRAUSE  
KRAUSE INTEGRATIVE MEDICINE  
1098 SW 5TH ST.  
BOCA RATON, FL 33486 US

SUBJECT: KRAUSE INTEGRATIVE MEDICINE, INC.  
Ref. Number: P12000082274

We have received your document for KRAUSE INTEGRATIVE MEDICINE, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6820.

Rebekah White  
Regulatory Specialist

Letter Number: 012A00029309



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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Rebekah White  
Regulatory Specialist

Letter Number: 012A00029309

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Krause Integrative Medicine  
Name of Corporation

**DOCUMENT NUMBER:** P12000082274

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:

Garrett E. Krause

Name of Contact Person

Krause Integrative Medicine

Firm/Company

1098 SW 5th St.

Address

Boca Raton, FL 33486

City/State and Zip Code

moxadr@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Garrett E. Krause

Name of Contact Person

at ( 561 ) 859-5896

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

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TALLAHASSEE, FLORIDA

**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: Krause Integrative Medicine
2. The principal office address: 1098 sw 5th St., Boca Raton, Fl 33486
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/27/2012 Document number: P12000082274
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)

1098 SW 5th St.

Boca Raton, Fl. 33486

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

Mizner City Centre

1700 N. Federal Hwy. Ste#127

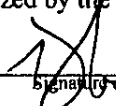
P.O. Box NOT acceptable

Boca Raton, Fl. 33432

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TALLAHASSEE, FLORIDA

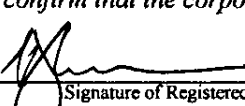
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

Garrett E. Krause *owner*  
\_\_\_\_\_  
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 of Registered Agent

12/06/2012

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Garrett E. Krause

\_\_\_\_\_  
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 (03/12)