2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088802

1. Entity Name

INTEGRATED HEALING ARTS, P.A.

Mailing Address Principal Place of Business BR/

FILED Apr 21, 2000 8:00 am Secretary of State

04-21-2000 90137 039 ***150.00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (see criteria on back) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (Make Check Payable to Department of State) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MORRISON, JEFFREY W DC 416 CORTEZ ROAD WEST BRADENTON FL TITLE MANE SIREET ADDRESS CITY-S1-2P	1216 CORTEZ F BRADENTON FL		4216 CORTEZ ROAD WEST BRADENTON FL 34210-3121					AUU	14311.	2	
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORRISON, JEFFREY W DC 4216 CORTEZ ROAD WEST BRADENTON FL 34210 City FL Zip Code City City FL Zip Code City	City & State	9	City & State			4 , F	El Number	65-0702914		_ 	
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### A216 CORTEZ ROAD WEST ### BRADENTON FL 34210 City FL Zip Code	-				Name						·
B. 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 Granum hysed or printed name of registered spent and title if applicable. (NOTE Registered Agent signature required when related by the purpose of changing its registered agent, or both, in the State of Florida. Signature hysed or printed name of registered spent and title if applicable. (NOTE Registered Agent signature required when related by the purpose of changing its registered agent, or both, in the State of Florida. Signature hysed or printed name of registered spent and title is applicable. (NOTE Registered Agent signature required when related by the purpose of the purpose of the purpose of changing its registered agent, or both, in the State of Florida. Signature hysed or printed name of registered spent and title is applicable. (NOTE Registered Agents spent agents agen	4216		Street Add		dress (P.O. Box Number is Not Acceptable)						
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	CITY-ST-ZIP										

indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: