

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000029357

FILED
Jun 03, 2008
Secretary of State

Entity Name: INTEGRAL HEALTH ED CONSULTANTS, INC.

Current Principal Place of Business:

3450 W 84TH ST
SUITE # 202-K
HIALEAH, FL 33018

New Principal Place of Business:

3450 W 84TH ST
SUITE # 102-A
HIALEAH, FL 33018

Current Mailing Address:

3450 W 84TH ST
SUITE # 202-K
HIALEAH, FL 33018

New Mailing Address:

3450 W 84TH ST
SUITE # 102-A
HIALEAH, FL 33018

FEI Number: 65-0824456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SANDERS, M. ILIANA
Address: 3450 W 84TH ST, SUITE 202-K
City-St-Zip: HIALEAH, FL 33018

Title: VSD () Delete
Name: ALVAREZ, ISABEL C
Address: 3450 W 84TH ST, SUITE 202-K
City-St-Zip: HIALEAH, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: SANDERS, M. ILIANA
Address: 3450 W 84TH ST, SUITE 102-A
City-St-Zip: HIALEAH, FL 33018

Title: VSD (X) Change () Addition
Name: ALVAREZ, ISABEL C
Address: 3450 W 84TH ST, SUITE 102-A
City-St-Zip: HIALEAH, FL 33018

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ISABELC. ALVAREZ

VP

06/03/2008

Electronic Signature of Signing Officer or Director

Date