

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000008358

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Entity Name:** INTEGRAS THERAPY & WELLNESS CENTERS, INC.

**Current Principal Place of Business:**

17352 MAIN STREET NORTH  
BLOUNTSTOWN, FL 32424

**New Principal Place of Business:**

**Current Mailing Address:**

17352 MAIN STREET NORTH  
BLOUNTSTOWN, FL 32424

**New Mailing Address:**

**FEI Number:** 63-1219537

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BELSER, CHAUNCEY COO  
1428 STATE PARK ROAD  
CHIPLEY, FL 32428 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** WILLIAMS, WILLIAM C III  
**Address:** 206 WINDMARK WAY  
**City-St-Zip:** PORT SAINT JOE, FL 32456

**Title:** D  
**Name:** BELSER, CHAUNCEY  
**Address:** 1428 STATE PARK RD.  
**City-St-Zip:** CHIPLEY, FL 32428

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:** CHAUNCEY BELSER

COO

04/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date