

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000008358

FILED
Apr 27, 2011
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:

17352 MAIN STREET NORTH
17352 MAIN ST. NORTH
BLOUNTSTOWN, FL 32424

Current Mailing Address:

17352 MAIN STREET NORTH
BLOUNTSTOWN, FL 32424

New Mailing Address:

17352 MAIN STREET NORTH
17352 MAIN ST. NORTH
BLOUNTSTOWN, FL 32424

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:

BELSER, CHAUNCEY COO
1428 STATE PARK ROAD
17352 MAIN ST. NORTH
CHIPLEY, FL 32428 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:

04/27/2011

Electronic Signature of Registered Agent

Date

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

04/27/2011

Electronic Signature of Signing Officer or Director

Date