

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000001585

**Entity Name:** BRADENTON EAST INTEGRATIVE MEDICINE, P.A.

**Current Principal Place of Business:**

6120 53RD AVE E  
BRADENTON, FL 34203

**Current Mailing Address:**

6120 53RD AVE E  
BRADENTON, FL 34203 US

**FEI Number:** 26-1729363

**Certificate of Status Desired:** No

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

BLALOCK WALTERS, P.A.  
802 11TH STREET WEST  
BRADENTON, FL 34205-7734 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:** CLIFFORD L. WALTERS

01/29/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PTD  
Name            BRAINARD, KAREN M.D.  
Address        5602 DUVAL STREET  
City-State-Zip: BRADENTON FL 34203

Title            VS  
Name            JAMES, ROBERTA ARNP  
Address        5602 DUVAL STREET  
City-State-Zip: BRADENTON FL 34203

*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:** KAREN O. BRAINARD MD

PTD

01/29/2013

Electronic Signature of Signing Officer/Director Detail

Date