

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000086044

**Entity Name:** INTEGRATED HEALTH AND PERFORMANCE SYSTEMS, PA

**Current Principal Place of Business:**

1449 YAMATO ROAD, SUITE 2  
BOCA RATON, FL 33431

**Current Mailing Address:**

1449 YAMATO ROAD, SUITE 2  
BOCA RATON, FL 33431

**FEI Number:** 26-3366294

**Certificate of Status Desired:** No

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

REITANO, ANTHONY J  
4400 N FEDERAL HIGHWAY  
210  
BOCA RATON, FL 33431 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name DAVIDSON, RICHARD MD.C.  
Address 1449 YAMATO ROAD, SUITE 2  
City-State-Zip: BOCA RATON FL 33431

Title OM  
Name DAVIDSON, LESLIE  
Address 8056 CORNYOUR WAY  
City-State-Zip: BOYNTON BEACH FL 33437

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:** RICHARD M DAVIDSON

**PRESIDENT**

**01/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date