

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000023135

**Entity Name:** RJ INTEGRATIVE HEALTHCARE ONE, INC.

**Current Principal Place of Business:**

1120 NIGHTGALE AVE  
MIAMI SPRING, FL 33166

**Current Mailing Address:**

1120 NIGHTINGALE AVE  
MIAMI SPRING, FL 33166 US

**FEI Number: 77-0596018**

**Certificate of Status Desired:** No

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

URDANETA, ROBERTO J  
1120 NIGHTINGALE AVE  
MIAMI SPRINGS, FL 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 URDANETA, ROBERTO J  
Address 1120 NIGHTTINGALE AVE  
City-State-Zip: MIAMI SPRINGS FL 33166

*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: ROBERTO J URDANETA**

**PRESIDENT**

**03/06/2016**

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

\_\_\_\_\_  
Date