2019 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 25, 2019
Secretary of State
2781632951CC

DOCUMENT# P17000100411

Entity Name: INTEGRATIVE HEALTH MANAGEMENT OF FLORIDA, INC.

Current Principal Place of Business:

4850 T-REX AVENUE, SUITE 125
BOCA RATON, FL 33431

Current Mailing Address:

4850 T-REX AVENUE, SUITE 125
BOCA RATON, FL 33431 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401 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: DAVID E. BOWERS, MANAGER 02/25/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DP
Name	SAVAGE, PATRICK W
Address	4850 T-REX AVENUE, SUITE 125
City-State-Zip:	BOCA RATON FL 33431

Title	D
Name	SAVAGE, MAXINE
Address	4850 T-REX AVENUE, SUITE 125
City-State-Zip:	BOCA RATON FL 33431

Title	D
Name	CASEY, RICHARD
Address	4850 T-REX AVENUE, SUITE 125
City-State-Zip:	BOCA RATON FL 33431

Title	D
Name	CASEY, WILLIAM
Address	4850 T-REX AVENUE, SUITE 125
City-State-Zip:	BOCA RATON FL 33431

Title	S
Name	W. JOSEPH CORNETT
Address	4850 T-REX AVENUE, SUITE 125
City-State-Zip:	BOCA RATON FL 33431

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: PATRICK W. SAVAGE PRESIDENT 02/25/2019

Electronic Signature of Signing Officer/Director Detail — Date