

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000026167

**Entity Name:** INTEGRATED ALTERNATIVE MEDICINE INC

**Current Principal Place of Business:**

2646 SW MAPP RD #301  
PALM CITY, FL 34990

**Current Mailing Address:**

2646 SW MAPP RD #301  
PALM CITY, FL 34990 US

**FEI Number:** 65-0477859

**Certificate of Status Desired:** No

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

HOLTZ MARY MUELLER  
2646 SW MAPP RD #301  
PALM CITY, FL 34990 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 HOLTZ, MARY M  
Address 2646 SW MAPP RD #301  
City-State-Zip: PALM CITY FL 34990

*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:** MARY HOLTZ

PRES

04/01/2016

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

\_\_\_\_\_ Date