

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000026167

Entity Name: INTEGRATED ALTERNATIVE MEDICINE INC

Current Principal Place of Business:

519 BUXFORD CT
LAKE MARY, FL 32746

Current Mailing Address:

519 BUXFORD CT
LAKE MARY, FL 32746 US

FEI Number: 65-0477859

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOLTZ MARY MUELLER
519 BUXFORD CT
LAKE MARY, FL 32746 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 519 BUXFORD CT
City-State-Zip: LAKE MARY FL 32746

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

P

01/10/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date