

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020931

Entity Name: INTEGRATIVE WELLNESS CENTER, P.L.

Current Principal Place of Business:

3610 W. SANTIAGO ST.
TAMPA, FL 33629

Current Mailing Address:

3610 W. SANTIAGO ST.
TAMPA, FL 33629

FEI Number: 20-4373594

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HINES, JAMES PJR.
315 S. HYDE PARK AVENUE
TAMPA, FL 33606 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

Authorized Person(s) Detail :

Title P
Name RIPPA, GARY M
Address 3610 WEST SANTIAGO ST
City-State-Zip: TAMPA FL 33629

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GARY RIPPA

OWNER

04/12/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date