

**2015 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**

**03/19/2015**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date