

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000044244

Entity Name: THE INTEGRATED WELLNESS APPROACH, LLC

Current Principal Place of Business:

558 WOODGATE CIRCLE
SUNRISE, FL 33326

Current Mailing Address:

558 WOODGATE CIRCLE
SUNRISE, FL 33326

FEI Number: 47-3510401

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 MGRM
Name CELI, HAROLD
Address 558 WOODGATE CIRCLE
City-State-Zip: SUNRISE FL 33326

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: HAROLD CELI

MR

03/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date