

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23000006012

Entity Name: INSTITUTE OF MIND BODY INTEGRATION, INC.

Current Principal Place of Business:

2805 FRUITVILLE ROAD, SUITE 250
SARASOTA, FL 34237

Current Mailing Address:

2805 FRUITVILLE ROAD, SUITE 250
SARASOTA, FL 34237 US

FEI Number: 93-1455261

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SKOKOS, PETER Z
1819 MAIN STREET, SUITE 610
SARASOTA, FL 34236 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 D
Name SYLVESTER, MARK
Address 2805 FRUITVILLE ROAD, SUITE 250
City-State-Zip: SARASOTA FL 34237

Title D
Name BACHARACH, NICOLL
Address 2805 FRUITVILLE ROAD, SUITE 250
City-State-Zip: SARASOTA FL 34237

Title D
Name DASS, KALI
Address 2805 FRUITVILLE ROAD, SUITE 250
City-State-Zip: SARASOTA FL 34237

Title D
Name SUNBERG, ADRIENNE
Address 2805 FRUITVILLE ROAD, SUITE 250
City-State-Zip: SARASOTA FL 34237

Title D
Name EARLES, MEGAN
Address 2805 FRUITVILLE ROAD, SUITE 250
City-State-Zip: SARASOTA FL 34237

Title D
Name HAYNES, SAMANTHA
Address 2805 FRUITVILLE ROAD, SUITE 250
City-State-Zip: SARASOTA FL 34237

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK SYLVESTER

PRESIDENT

02/01/2024

Electronic Signature of Signing Officer/Director Detail

Date