

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055069

Entity Name: INTEGRATED THERAPIES INC**Current Principal Place of Business:**195 COQUINA COURT SUITE 1
ORMOND BEACH, FL 32176**Current Mailing Address:**454 LEEWAY TRAIL
ORMOND BEACH, FL 32174 US**FEI Number:** 57-1164757**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOE, LOGUIDICE
555 W GRANADA BLVD
B 5
ORMOND BEACH, FL 32174 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	VAN RIJ, KELLY E
Address	454 LEEWAY TRAIL
City-State-Zip:	ORMOND BEACH FL 32174

Title	V
Name	VAN RIJ, RYAN D
Address	454 LEEWAY TRAIL
City-State-Zip:	ORMOND BEACH FL 32174

Title	S
Name	VAN RIJ, KELLY E
Address	454 LEEWAY TRAIL
City-State-Zip:	ORMOND BEACH FL 32174

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: KELLY E VAN RIJ

PRESIDENT

04/07/2023

Electronic Signature of Signing Officer/Director Detail_____
Date