

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000007376

**Entity Name:** ELLIS INTEGRATIVE FAMILY PRACTICE INC

**Current Principal Place of Business:**

1865 NIGHTINGALE LANE  
SUITE B  
TAVARES, FL 32778

**Current Mailing Address:**

1865 NIGHTINGALE LANE  
SUITE B  
TAVARES, FL 32778 US

**FEI Number:** 86-1478826

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ELLIS, GRETTA M  
1865 NIGHTINGALE LANE  
SUITE B  
TAVARES, FL 32778 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	Title	VP
Name	ELLIS, GRETTA M	Name	ELLIS, MICHAEL C
Address	36841 RESERVE DRIVE	Address	36841 RESERVE DRIVE
City-State-Zip:	EUSTIS FL 32736	City-State-Zip:	EUSTIS FL 32736

*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:** GRETTA ELLIS

**OWNER**

**01/27/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date