

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000080607

**Entity Name:** INTEGRANET HEALTH OF FLORIDA INC.**Current Principal Place of Business:**2900 NORTH LOOP WEST  
700  
HOUSTON, TX 77092**Current Mailing Address:**2900 NORTH LOOP WEST  
SUITE 700  
HOUSTON, TX 77092 US**FEI Number:** 92-0801692**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CUETO LAW GROUP PA  
4000 PONCE DE LEON BLVD  
SUITE 470  
CORAL GABLES, FL 33146 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 WEDEKIND, LAWRENCE J  
Address 2900 NORTH LOOP WEST - SUITE 700  
City-State-Zip: HOUSTON TX 77092

Title SEC  
Name KEITER, AARON  
Address 2900 NORTH LOOP WEST - SUITE 700  
City-State-Zip: HOUSTON TX 77092

Title DIRECTOR  
Name WEDEKIND, LAWRENCE J.  
Address 2900 NORTH LOOP WEST  
700  
City-State-Zip: HOUSTON TX 77092

Title TREASURER  
Name COBLER, REED R.  
Address 2900 NORTH LOOP WEST  
700  
City-State-Zip: HOUSTON TX 77092

Title COO  
Name NEMY-DAVIS, JENNIFER A  
Address 2900 NORTH LOOP WEST - SUITE 700  
City-State-Zip: HOUSTON TX 77092

Title DIRECTOR & CHAIRMAN  
Name PATEL, HARSADBHAI D. M.D.  
Address 2900 NORTH LOOP WEST  
700  
City-State-Zip: HOUSTON TX 77092

Title DIRECTOR  
Name NEMY-DAVIS, JENNIFER A.  
Address 2900 NORTH LOOP WEST  
700  
City-State-Zip: HOUSTON TX 77092

*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:** AARON KEITER**SECRETARY****01/27/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date