

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047420

Entity Name: INTELLIGENT HEALTH ANALYTICS, LLC

Current Principal Place of Business:

3019 NORTH SHANNON LAKES DRIVE
SUITE 202
TALLAHASSEE, FL 32309

Current Mailing Address:

3019 NORTH SHANNON LAKES DRIVE
SUITE 201
TALLAHASSEE, FL 32309 US

FEI Number: 20-4829293

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OWENS, JOHN A
3019 N SHANNON LAKES DRIVE
STE 201
TALLAHASSEE, FL 32309 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 OWENS, MARY KAY
Address 3019 N SHANNON LAKES DR, STE 201
City-State-Zip: TALLAHASSEE FL 32309

Title AUTHORIZED MEMBER
Name OWENS, JOHN A
Address 3019 NORTH SHANNON LAKES DRIVE
SUITE 201
City-State-Zip: TALLAHASSEE FL 32309

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: MARY K OWENS

MANAGING MEMBER

04/09/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date