

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000112130

Entity Name: INTEGRATIVE HUMANCARE, LLC

Current Principal Place of Business:

1733 SUN GAZER DRIVE
ROCKLEDGE, FL 32955

Current Mailing Address:

1733 SUN GAZER DRIVE
ROCKLEDGE, FL 32955

FEI Number: 27-3774674

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KITSOPOULOS, DEMETRI
1733 SUN GAZER DRIVE
ROCKLEDGE, FL 32955 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 KITSOPOULOS, DEMETRI
Address 1733 SUN GAZER DRIVE
City-State-Zip: ROCKLEDGE FL 32955

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: DEMETRI KITSOPOULOS

MGRM

01/12/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date