

**2022 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

03/15/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date