

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000160790

Entity Name: INTEGRATIVE ORAL HEALTH & WELLNESS, LLC

Current Principal Place of Business:

6528 HUNTINGTON LAKES CIRLE #104
NAPLES, FL 34119

Current Mailing Address:

6528 HUNTINGTON LAKES CIRLE #104
NAPLES, FL 34119 US

FEI Number: 46-1641214

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OUTLAN, KRISTIN E DR.
6528 HUNTINGTON LAKES CIRLE #104
NAPLES, FL 34119 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: KRISTIN OUTLAN

01/12/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name OUTLAN, KRISTIN E DR.
Address 6528 HUNTINGTON LAKES CIRLE
#104
City-State-Zip: NAPLES FL 34119

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: KRISTIN OUTLAN DMD

MANAGER

01/12/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date