

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000114770

Entity Name: INTEGRATED HEALTH & EDUCATION, LLC

Current Principal Place of Business:

5220 HOOD RD
STE 101
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

5220 HOOD RD
STE 101
PALM BEACH GARDENS, FL 33418 US

FEI Number: 30-0794415

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIALS, BRANDI M
5220 HOOD RD
STE 101
PALM BEACH GARDENS, FL 33418 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 RIALS, BRANDI M
Address 5220 HOOD RD
STE 101
City-State-Zip: PALM BEACH GARDENS FL 33418

Title MGRM
Name EVERSON, KELLY J
Address 5220 HOOD RD
STE 101
City-State-Zip: PALM BEACH GARDENS FL 33418

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: KELLY EVERSON

OWNER

04/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date