

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000047313

Entity Name: INTEGRATING HEALTHCARE CONSULTING, LLC

Current Principal Place of Business:

5438 MEADOWS EDGE DR
LAKE WORTH, FL 33463

Current Mailing Address:

5438 MEADOWS EDGE DR
LAKE WORTH, FL 33463 US

FEI Number: 46-5156696

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

O'BRIEN, ERIN H
5438 MEADOWS EDGE DR
LAKE WORTH, FL 33463 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 AR
Name O'BRIEN, ERIN
Address 5438 MEADOWS EDGE DR
City-State-Zip: LAKE WORTH FL 33463

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: ERIN O'BRIEN

OWNER

02/28/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date