2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2018
Secretary of State
CC1443112783

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Entity Name: INTEGRATIVE PHYSICAL MEDICINE OF MOUNT DORA, LLC

Current Principal Place of Business:

6909 OLD HIGHWAY 441
MOUNT DORA, FL 32757

Current Mailing Address:

425 ALEXANDRIA BLVD
STE 1010
OVIEDO, FL 32765 US

FEI Number: 47-1643555

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KABA CONSULTING INC.
1655 E HWY 50
SUITE 203
CLERMONT, FL 34711 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	MGR
Name	INTEGRATIVE PHYSICAL MEDICINE HOLDING, LLC
Address	425 ALEXANDRIA BLVD STE 1010
City-State-Zip:	OVIEDO FL 32765

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: MARIELA ROSARIO ROSARIO P 04/16/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date