

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000170332

**FILED**  
**Feb 23, 2018**  
**Secretary of State**  
**CC5493397641**

**Entity Name:** INTEGRATED-ACCESS STEM SITES, LLC

**Current Principal Place of Business:**

10 LOST CREEK LANE  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

10 LOST CREEK LANE  
ORMOND BEACH, FL 32174

**FEI Number:** 47-5190923

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DUPONT, HEWITT J CPA  
1515 HERBET ST. STE 213  
PORT ORANGE, FL 32129 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 COLWELL, CATHARINE H  
Address 10 LOST CREEK LANE  
City-State-Zip: ORMOND BEACH FL 32174

Title MGR  
Name BLAWN, JEREMY R  
Address 787 BELLTOWN RD  
City-State-Zip: COPPERHILL TN 37317

Title MGR  
Name BLAWN, BRITTANY H  
Address 787 BELLTOWN RD  
City-State-Zip: COPPERHILL TN 37317

*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:** CATHARINE H COLWELL

MGR

02/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date