

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000061583

**Entity Name:** INTERNATIONAL SCHOOL OF THE HEALING ARTS AND SCIENCES, LLC

**Current Principal Place of Business:**

1032 TAMIAMI TRAIL  
UNIT 8  
PORT CHARLOTTE, FL 33953

**Current Mailing Address:**

1032 TAMIAMI TRAIL  
UNIT 8  
PORT CHARLOTTE, FL 33953 US

**FEI Number: 38-4000635**

**Certificate of Status Desired: No**

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

MORSE, ROBERT  
16094 GALENA AVE  
PORT CHARLOTTE, FL 33954 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: ROBERT MORSE**

**03/20/2024**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name MORSE, ROBERT  
Address 1032 TAMIAMI TRAIL  
UNIT 8  
City-State-Zip: PORT CHARLOTTE FL 33953

Title MGR  
Name MORSE, BRENDA  
Address 1032 TAMIAMI TRAIL  
UNIT 8  
City-State-Zip: PORT CHARLOTTE FL 33953

Title AUTHORIZED REPRESENTATIVE  
Name PRZYBOS, SARAH  
Address 1032 TAMIAMI TRAIL  
UNIT 8  
City-State-Zip: PORT CHARLOTTE FL 33953

*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: ROBERT MORSE**

**OWNER**

**03/20/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date