

**2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L18000131251

**Entity Name:** COMPASS OF INTERGRITY HEALTH CARE CONSULTANTS LLC

**Current Principal Place of Business:**

19116 LUTTERWORTH CT.  
LAND O LAKES, FL 34638

**Current Mailing Address:**

19116 LUTTERWORTH CT.  
LAND O LAKES, FL 34638 US

**FEI Number: 83-0703571**

**Certificate of Status Desired: Yes**

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

COMPASS OF INTEGRITY HEALTHCARE, LLC  
19116 LUTTERWORTH CT.  
LAND O LAKES, FL 34638 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: DR. NATALIE BASTIEN**

**04/10/2020**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                       |                 |                       |
|-----------------|-----------------------|-----------------|-----------------------|
| Title           | AMBR                  | Title           | AMBR                  |
| Name            | BASTIEN, SEM          | Name            | BASTIEN, NATALIE      |
| Address         | 19116 LUTTERWORTH CT. | Address         | 19116 LUTTERWORTH CT. |
| City-State-Zip: | LAND O LAKES FL 34638 | City-State-Zip: | LAND O LAKES FL 34638 |

*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: DR. NATALIE BASTIEN**

**CEO**

**04/10/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date