

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L19000194778

**Entity Name:** INTEGRATIVE NURSE COACH ACADEMY, LLC

**Current Principal Place of Business:**

888 BISCAYNE BLVD  
STE 2104  
MIAMI, FL 33132

**Current Mailing Address:**

P.O. BOX 398155  
MIAMI BEACH, FL 33239 US

**FEI Number:** 84-2556617

**Certificate of Status Desired:** Yes

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

KANKA, RONALD D  
888 BISCAYNE BLVD  
STE 2104  
MIAMI, FL 33132 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:** RONALD D KANKA

07/19/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGING MEMBER  
Name           KANKA, RONALD D  
Address        888 BISCAYNE BLVD  
                  STE 2104  
City-State-Zip: MIAMI FL 33132

Title           MANAGING MEMBER  
Name           AVINO, KAREN  
Address        318 BROCKTON RD  
City-State-Zip: WILMINGTON DE 19803

Title           MANAGING MEMBER  
Name           MERTZ, KARLY  
Address        2622 BELAIRE DRIVE  
City-State-Zip: WILMINGTON DE 19808

*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:** RONALD D KANKA

MANAGING MEMBER

07/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date