

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000058053

Entity Name: INTEGRIHEALTH FINANCIAL & INSURANCE SERVICES LLC

Current Principal Place of Business:

3440 HOLLYWOOD BLVD
SUITE 415
HOLLYWOOD, FL 33021

Current Mailing Address:

PO BOX 5137
HOLLYWOOD, FL 33083 US

FEI Number: 86-2072550

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, THEOTIS V
5401 SW 21ST ST
WEST PARK, FL 33023 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 WILLIAMS, THEOTIS
Address 5401 SW 21ST ST
City-State-Zip: WEST PARK FL 33023

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: THEOTIS V WILLIAMS

MGR

05/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date