

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000005065

Entity Name: INTEGRATED HEALTHCARE SYSTEMS RIVIERA, INC**Current Principal Place of Business:**631 7TH STREET
WEST PALM BEACH, FL 33401**Current Mailing Address:**PO BOX
9370
RIVIERA BEACH, FL 33419 US**FEI Number:** 85-1003540**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC
7901 4TH ST N STE 300
ST PETERSBURG, FL 33702 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:** DAVID ROBERTS

03/20/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	KOLMAN, STEVE
Address	PO BOX 9370
City-State-Zip:	RIVIERA BEACH FL 33419
Title	EXECUTIVE DIRECTOR
Name	BROWN FAUST, MONIQUE D PHD
Address	31 W 20TH STREET 100
City-State-Zip:	RIVIERA BEACH FL 33404
Title	DIRECTOR
Name	LEWIS, DIANE DTH
Address	3437 AVENUE O
City-State-Zip:	RIVIERA BEACH FL 33404

Title	T
Name	BROCKETT, CLARENCE
Address	504 WOODBINE WAY, SUITE 504
City-State-Zip:	PALM BEACH GARDENS FL 33418
Title	SECRETARY
Name	SPENCER, ALIA
Address	3200 SUMMIT BLVD #20066
City-State-Zip:	WEST PALM BEACH FL 33416
Title	DIRECTOR
Name	EVANS, RICHARD
Address	31 W 20TH STREET
City-State-Zip:	RIVIERA BEACH FL 33404

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MONIQUE D BROWN FAUST**EXECUTIVE DIRECTOR**

03/20/2025

Electronic Signature of Signing Officer/Director Detail

Date