

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000100411

Entity Name: INTEGRATIVE HEALTH MANAGEMENT OF FLORIDA, INC.**Current Principal Place of Business:**4850 T-REX AVENUE, SUITE 125
BOCA RATON, FL 33431**Current Mailing Address:**4850 T-REX AVENUE, SUITE 125
BOCA RATON, FL 33431 US**FEI Number: 82-3796590****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**THE LAW OFFICES OF JEFF COHEN, P.A.
151 NW 1ST AVENUE
DELRAY BEACH, FL 33444 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**Officer/Director Detail :**

Title DIRECTOR
Name SAVAGE, PATRICK W
Address 4850 T-REX AVENUE, SUITE 125
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR
Name CASEY, RICHARD
Address 4850 T-REX AVENUE, SUITE 125
City-State-Zip: BOCA RATON FL 33431

Title SECRETARY, CFO, OFFICER
Name CORNETT, WILLIAM JOSEPH
Address 4850 T-REX AVENUE, SUITE 125
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR
Name SAVAGE, MAXINE
Address 4850 T-REX AVENUE, SUITE 125
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR
Name CASEY, WILLIAM
Address 4850 T-REX AVENUE, SUITE 125
City-State-Zip: BOCA RATON FL 33431

Title PRESIDENT, CEO, DIRECTOR,
OFFICER
Name DAVID, BENJAMIN
Address 4850 T-REX AVE.
SUITE 125
City-State-Zip: BOCA RATON FL 33431

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CORNETT , WILLIAM JOSEPH**SECRETARY, CFO,
OFFICER****02/09/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date