

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000045054

**Entity Name:** INSTITUTE FOR INTEGRATED AESTHETICS, LLC

**Current Principal Place of Business:**

1 SOUTH SCHOOL AVE  
STE 800  
SARASOTA, FL 34237

**Current Mailing Address:**

1 SOUTH SCHOOL AVE  
STE 800  
SARASOTA, FL 34237

**FEI Number:** 27-0274257

**Certificate of Status Desired:** No

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

MOORE, JOHN L  
200 SOUTH ORANGE AVE  
SARASOTA, FL 34236 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 HOLCOMB, J DAVID  
Address 3349 FOUNDERS CLUB DRIVE  
City-State-Zip: SARASOTA FL 34240

*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:** J DAVID HOLCOMB MD

MGR

03/12/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date