

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000100076

**Entity Name:** INTEGRATED PHYSICAL MEDICINE, LLC

**Current Principal Place of Business:**

1408 88TH CRT. NW  
BRADENTON, FL 34209

**Current Mailing Address:**

1408 88TH CRT. NW  
BRADENTON, FL 34209 US

**FEI Number:** 27-1140027

**Certificate of Status Desired:** No

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

MORRISON, JEFFREY W DR.  
1408 88TH CRT. NW  
BRADENTON, FL 34209 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:** DR. JEFFREY W MORRISON

02/01/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title PRES  
Name MORRISON , JEFF W DR.  
Address 1408 88TH CRT. NW  
City-State-Zip: BRADENTON FL 34209

*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:** JEFF MORRISON DC

PRESIDENT

02/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date