

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000100076

Entity Name: INTEGRATED PHYSICAL MEDICINE, LLC

Current Principal Place of Business:

6016 MANATEE AVE. W.
BRADENTON, FL 34209

Current Mailing Address:

6016 MANATEE AVE. W.
BRADENTON, FL 34209

FEI Number: 27-1140027

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORRISON, JEFFREY WDC
6016 MANATEE AVE. W.
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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRES
Name MORRISON DC, JEFF WPRES.
Address 6016 MANATEE AVE. W.
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

01/09/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date