

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000124437

Entity Name: INTEGRATIVE HEALTH CARE AND PHYSICAL MEDICINE,
OCALA, LLC

Current Principal Place of Business:

3773 S. PINE AVENUE
OCALA, FL 34471

Current Mailing Address:

3773 S. PINE AVENUE
OCALA, FL 34471

FEI Number: 46-1091124

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARE, PRESTON
3773 S. PINE AVENUE
OCALA, FL 34471 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 MGRM
Name BARE, PRESTON
Address 3773 S. PINE AVENUE
City-State-Zip: Ocala FL 34471

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: PRESTON BARE

OWNER

02/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date