

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000114606

**Entity Name:** FAMILY INTEGRATIVE MEDICINE OF ORLANDO, LLC

**Current Principal Place of Business:**

11251 S ORANGE BLOSSOM TRL  
STE 101, STE 102, STE 103  
ORLANDO, FL 32837

**Current Mailing Address:**

11251 S ORANGE BLOSSOM TRL  
STE 101  
ORLANDO, FL 32837 US

**FEI Number:** 46-4589264

**Certificate of Status Desired:** No

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

RIVERA, HERIBERTO L  
11251 S ORANGE BLOSSOM TRL  
STE 101  
ORLANDO, FL 32837 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	PRESIDENT, CFO	Title	PRESIDENT, CEO
Name	LOPES, OSVALDO A.	Name	RIVERA, HERIBERTO L
Address	11251 S ORANGE BLOSSOM TRL STE 101	Address	11251 S ORANGE BLOSSOM TRL STE 101
City-State-Zip:	ORLANDO FL 32837	City-State-Zip:	ORLANDO FL 32837

*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:** HERIBERTO L. RIVERA

**REGISTERED AGENT**

**04/29/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date