

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000114606

Entity Name: FAMILY INTEGRATIVE MEDICINE OF ORLANDO, LLC

Current Principal Place of Business:

982 DOUGLAS AVE
STE 102
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

982 DOUGLAS AVE
STE 102
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 46-4589264

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIVERA, HERIBERTO L
982 DOUGLAS AVE
STE 102
ALTAMONTE SPRINGS, FL 32714 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 | 982 DOUGLAS AVENUE STE 102 | Address | 982 DOUGLAS AVENUE STE 102 |
| City-State-Zip: | ALTAMONTE SPRINGS FL 32714 | City-State-Zip: | ALTAMONTE SPRINGS FL 32714 |

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 RIVERA

CEO

04/24/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date