

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000114606

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

**Current Principal Place of Business:**

11301 S ORANGE BLOSSOM TRL, STE A 208  
ORLANDO, FL 32837

**Current Mailing Address:**

6518 CICERO LANE  
ORLANDO, FL 32809 US

**FEI Number:** 46-4589264

**Certificate of Status Desired:** No

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

RIVERA, HERIBERTO L  
11301 S ORANGE BLOSSOM TRL, STE A 208  
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	MGR	Title	MGR
Name	LOPES, OSVALDO	Name	RIVERA, HERIBERTO L
Address	6518 CICERO LANE	Address	2706 SEBASTIAN COURT
City-State-Zip:	ORLANDO FL 32809	City-State-Zip:	KISSIMMEE FL 34743

*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

**CO-OWNER/MGR**

**04/12/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date