

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000108175

Entity Name: INTEGRATIVE PHYSICAL MEDICINE OF WINTER HAVEN LLC

Current Principal Place of Business:

7494 CYPRESS GARDENS BLVD
WINTER HAVEN, FL 33884

Current Mailing Address:

7494 CYPRESS GARDENS BLVD
WINTER HAVEN, FL 33884

FEI Number: 47-1291584

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KABA CONSULTING INC
1655 E HWY 50
SUITE 203
CLERMONT, FL 34711 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 INTEGRATIVE PHYSICAL MEDICINE
HOLDING, LLC
Address 425 ALEXANDRIA BLVD., STE. 1010
City-State-Zip: OVIEDO FL 32765

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: INTEGRATIVE PHYSICAL MEDICINE HOLDING

MGMR

03/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date