

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 01, 2017
Secretary of State
CC5117803411

Entity Name: STRIVE INTEGRATED PHYSICAL MEDICINE LLC

Current Principal Place of Business:

2626 SE MARICAMP ROAD
OCALA, FL 34471

Current Mailing Address:

2626 SE MARICAMP ROAD
OCALA, FL 34471 US

FEI Number: 47-1563041

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHUTES, RICHARD W
2620 SE MARICAMP ROAD
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	AMBR	Title	COO
Name	SHUTES, RICHARD W	Name	MEACH, ELLA
Address	2620 SE MARICAMP ROAD	Address	2626 SE MARICAMP ROAD
City-State-Zip:	OCALA FL 34471	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: RICHARD SHUTES

AMBR

03/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date