

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000035511

**Entity Name:** INTEGRATIVE PHYSICAL MEDICINE OF DEBARY, LLC

**Current Principal Place of Business:**

110 POND COURT, STE 103  
DEBARY, FL 32713

**Current Mailing Address:**

110 POND COURT, STE 103  
DEBARY, FL 32713 US

**FEI Number:** 47-3249849

**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 MGR  
Name INTEGRATIVE PHYSICAL MEDICINE  
HOLDING, LLC  
Address 425 ALEXANDRIA BLVD. SUITE 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, LLC P

04/18/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date