

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000125357

Entity Name: INTEGRATIVE PHYSICAL MEDICINE OF WATERFORD, LLC

Current Principal Place of Business:

779 N ALAFAYA TRAIL
ORLANDO, FL 32828

Current Mailing Address:

425 ALEXANDRIA BLVD.
SUITE 1010
OVIDO, FL 32765 US

FEI Number: 47-4705379

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KABA CONSULTING INC.
1655 HIGHWAY 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 SOLE MANAGER
Name INTEGRATIVE PHYSICAL MEDICINE
 HOLDING, LLC
Address 425 ALEXANDRIA BLVD.
 SUITE 1010
City-State-Zip: OVIDO 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