

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000052057

Entity Name: MLH INTEGRATED THERAPY, LLC

Current Principal Place of Business:

3617 E RENELLIE CIRCLE
TAMPA, FL 33629

Current Mailing Address:

PO BOX 18203
TAMPA, FL 33679 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANITA'S ACCOUNTING SOLUTIONS, PLLC
3113 S DALE MABRY HWY SUITE A
TAMPA, FL 33629 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 HUBBARD, MICHELLE L
Address 3617 E RENELLIE CIRCLE
City-State-Zip: TAMPA FL 33629

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: MICHELLE HUBBARD

MGRM

04/29/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date