2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2017
Secretary of State
CC3051252196

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Entity Name: INTEGRATIVE PSYCHOTHERAPY, PLLC

Current Principal Place of Business:

2498 EAGLE WATCH LN.
WESTON, FL 33327

Current Mailing Address:

2498 EAGLE WATCH LN.
WESTON, FL 33327 US

FEI Number: 81-5023072

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEROLINI, CLAUDIA
2498 EAGLE WATCH LN.
WESTON, FL 33327 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
Name	PEROLINI, CLAUDIA
Address	2498 EAGLE WATCH LN.
City-State-Zip:	WESTON FL 33327

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: CLAUDIA PEROLINI MEMBER 01/24/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date