

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000109471

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

LICENSED
PSYCHOLOGIST

02/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date