

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000035056

**Entity Name:** INTERPROFESSIONAL HEALTH EDUCATORS, LLC

**Current Principal Place of Business:**

1400 VILLAGE SQUARE BLVD 3-305  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

1400 VILLAGE SQUARE BLVD 3-305  
TALLAHASSEE, FL 32312 US

**FEI Number:** 81-5415657

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT,  
SUITE A  
TAMPA, FL 33612 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:** LEGAL ZOOM

09/24/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name THOMPSON, MICHAEL  
Address 6312 COUNT FLEET TRAIL  
City-State-Zip: TALLAHASSEE FL 32309

*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:** MICHAEL THOMPSON

CEO

09/24/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date