

**2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

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:** Yes

**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

11/06/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

11/06/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date