

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000040997

Entity Name: INTEGRATIVE HEALTH & REHAB LLC

Current Principal Place of Business:

6900 S ORANGE BLOSSOM TRAIL
SUITE 101
ORLANDO, FL 32809

Current Mailing Address:

6900 S ORANGE BLOSSOM TRAIL
SUITE 101
ORLANDO, FL 32809 US

FEI Number: 82-0592055

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VEGA, RAMON
6621 CHANTRY ST.
ORLANDO, FL 32835 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 MGR
Name VEGA, RAMON
Address 6621 CHANTRY ST.
City-State-Zip: ORLANDO FL 32835

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: RAMON VEGA

MANAGER

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date