

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000219778

Entity Name: BROWARD INTEGRATIVE MEDICAL LLC

Current Principal Place of Business:

1749 NE 26TH STREET
SUITE E
WILTON MANORS, FL 33305

Current Mailing Address:

1749 NE 26TH ST STE E
WILTON MANORS, FL 33305 US

FEI Number: 84-4735944

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

POYSER, RAINFORD G
749 NW 89TH AVENUE
PLANTATION, FL 33324 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: RAINFORD GEORGE POYSER

03/06/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name POYSER, RAINFORD G
Address 749 NW 89TH AVENUE
City-State-Zip: PLANTATION FL 33324

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: RAINFORD POYSER

OWNER

03/06/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date