2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2018
Secretary of State
CC1509358775

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Entity Name: INTEGRATED PSYCHOLOGICAL WELLNESS, LLC

Current Principal Place of Business:

2631 NW 41ST STREET
SUITE E-5
GAINESVILLE, FL 32606

Current Mailing Address:

2631 NW 41ST STREET
SUITE E-5
GAINESVILLE, FL 32606 US

FEI Number: 82-5357801

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOWITZ, JUSTIN M ESQ.
5341 SW 9ST TERRACE
SUITE A
GAINESVILLE, FL 32608 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	STAHL, COURTNEY
Address	2631 NW 41ST STREET, SUITE E-5
City-State-Zip:	GAINESVILLE FL 32606

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: COURTNEY STAHL AMBR 04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date