

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000301770

**Entity Name:** IHM MEDICAL EVANGELISTS, LLC**Current Principal Place of Business:**3755 W OLD US HIGHWAY 441  
MT DORA, FL 32757**Current Mailing Address:**3755 W OLD US HIGHWAY 441  
MT DORA, FL 32757 US**FEI Number:** 26-1983948**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SEIDMAN, MARVIN B ESQ.  
3755 W OLD US HIGHWAY 441  
MT DORA, FL 32757 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:** MARVIN B SEIDMAN, ESQ

02/14/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR
Name	SEIDMAN, MARVIN B ESQ.
Address	3755 W OLD US HIGHWAY 441
City-State-Zip:	MT DORA FL 32757

Title	MANAGER
Name	DESARME, SUZELLE K
Address	501 W BADGER AVE
City-State-Zip:	EUSTIS FL 32726

Title	AUTHORIZED MEMBER
Name	ISLAND HOUSE MINISTRY, INC
Address	3755 W OLD US HIGHWAY 441
City-State-Zip:	MT DORA FL 32757

Title	AUTHORIZED REPRESENTATIVE, ROBERT MIKE, PRESIDENT
Name	SOLOMON'S PORCH ADVENT MINISTRIES, INC
Address	716 FOX VALLEY DR
City-State-Zip:	LONGWOOD FL 32779

*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:** SEIDMAN MARVIN B

MGR

02/14/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date