

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000007880

Entity Name: INTEGRATIVE DIMENSIONAL HEALING LLC

Current Principal Place of Business:

10752 DEERWOOD PARK BLVD
SUITE 100
JACKSONVILLE, FL 32256

Current Mailing Address:

866 WANDERING WOODS WAY
PONTE VEDRA, FL 32081 US

FEI Number: 84-4312129

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LEMKE, LISA M
866 WANDERING WOODS WAY
PONTE VEDRA, FL 32081 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 LEMKE, LISA M
Address 866 WANDERING WOODS WAY
City-State-Zip: PONTE VEDRA FL 32081

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: LISA M LEMKE

AMBR

01/29/2023

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date