

**2021 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

**OWNER**

**07/26/2021**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date