

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000066474

Entity Name: INNOVATIVE HEALTHCARE INSTITUTE, LLC

Current Principal Place of Business:

5441 NORTH UNIVERSITY DRIVE
SUITE 101
CORAL SPRINGS, FL 33067

Current Mailing Address:

5441 NORTH UNIVERSITY DRIVE
SUITE 101
CORAL SPRINGS, FL 33067 US

FEI Number: 84-4914748

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KALIRAO, PARAMJIT
5441 NORTH UNIVERSITY DRIVE
SUITE 101
CORAL SPRINGS, FL 33067 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 MGR
Name KALIRAO, PARAMJIT
Address 5441 NORTH UNIVERSITY DRIVE,
SUITE 101
City-State-Zip: CORAL SPRINGS FL 33067

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: PARAMJIT KALIRAO

MANAGER

04/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date