

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000345435

Entity Name: INNOVATIVE HEALTHCARE MANAGEMENT LLC

Current Principal Place of Business:

18731 44TH PL N
LOXAHATCHEE, FL 33470

Current Mailing Address:

18731 44TH PL N
LOXAHATCHEE, FL 33470 US

FEI Number: 85-3906955

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PRICE, GRISEL
18731 44TH PL N
LOXAHATCHEE, FL 33470 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: GRISEL PRICE

03/10/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name PRICE, GRISEL
Address 18731 44TH PL N
City-State-Zip: LOXAHATCHEE FL 33470

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: GRISEL PRICE

OWNER

03/10/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date