

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000120872

**Entity Name:** INNER PERSONAL SESSIONS EMOTIONAL HEALTHCARE II, LLC

**Current Principal Place of Business:**

7901 WATER TOWER DRIVE  
TAMPA, FL 33619

**Current Mailing Address:**

7901 WATER TOWER DRIVE  
TAMPA, FL 33619

**FEI Number:** 86-2935145

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BARNES, KAREN DR.  
12124 WILDBROOK DRIVE  
RIVERVIEW, FL 33569 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 PRES  
Name SESSIONS, LINDA  
Address 7901 WATER TOWER DRIVE  
City-State-Zip: TAMPA FL 33619

Title VP  
Name VAUGHN, CYNTHIA A  
Address 2760 STERLING CREEK POINTE  
City-State-Zip: SNELLVILLE GA 30078

Title TRES  
Name VAUGHN, MURRAY  
Address 2760 STERLING CREEK POINTE  
City-State-Zip: SNELLVILLE GA 30078

Title SEC  
Name FREEMAN, TAMARA  
Address 7901 WATER TOWER DRIVE  
City-State-Zip: TAMPA FL 33619

Title OFCM  
Name LINDSAY, DIANE  
Address 628 LAKEMONT DRIVE  
City-State-Zip: BRANDON FL 33510

*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:** LINDA SESSIONS

**PRESIDENT/CEO**

**05/01/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date