

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000120872

**Entity Name:** INNER PERSONAL SESSIONS EMOTIONAL HEALTHCARE II, LLC**FILED**  
**Mar 11, 2023**  
**Secretary of State**  
**1320590026CC****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****03/11/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date