

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000228336

Entity Name: INTERNATIONAL HEALTH EDUCATION NETWORK LLC

Current Principal Place of Business:

505 W OAK STREET
SUITE 202
KISSIMMEE, FL 34741

Current Mailing Address:

505 W OAK STREET
SUITE 202
KISSIMMEE, FL 34741 US

FEI Number: 93-2708262

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ATIQUEZZAMAN, NABIHA T
505 W OAK STREET
SUITE 202
KISSIMMEE, FL 34741 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 CEO
Name ATIQUEZZAMAN, NABIHA T
Address 5418 OSPREY ISLE LN
City-State-Zip: ORLANDO FL 32819--401

Title COO
Name ATIQUEZZAMAN, BASHER M
Address 5418 OSPREY ISLE LN
City-State-Zip: ORLANDO FL 32819--401

Title CFO
Name ATIQUEZZAMAN, TAHSINA Y
Address 5418 OSPREY ISLE LN
City-State-Zip: ORLANDO FL 32819--401

Title BDO
Name ATIQUEZZAMAN, NABHAN W
Address 5418 OSPREY ISLE LN
City-State-Zip: ORLANDO FL 32819--401

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: BASHER ATIQUEZZAMAN

COO

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date