

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000331976

Entity Name: INTEGRATIVE PHARMACIST CONSULTING LLC

Current Principal Place of Business:

1889 EAST LAKE ROAD
SKANEATELES, NY 13152

Current Mailing Address:

P.O. BOX 986
SKANEATELES, NY 13152 US

FEI Number: 85-1883671

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VERNAK, CHARLENE M
12739 BRAMFIELD DR
RIVERVIEW, FL 33579 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 VERNAK, CHARLENE
Address P.O. BOX 986
City-State-Zip: SKANEATELES NY 13152

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: CHARLENE VERNAK

OWNER

04/26/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date