

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000012102

Entity Name: INTEGRATIVE REHABILITATION MEDICINE, LLC

Current Principal Place of Business:

9 UNION SQUARE SUITE 1040
SOUTHBURY, CT 06488

Current Mailing Address:

9 UNION SQUARE SUITE 1040
SOUTHBURY, CT 06488 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
7901 4TH ST N. STE 300
ST. PETERSBURG, FL 33702 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 AP
Name SHILLER, ANDREW D
Address 9 UNION SQUARE SUITE 1040
City-State-Zip: SOUTHBURY CT 06488

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: ANDREW D. SHILLER

AP

03/07/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date