

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000054605

**Entity Name:** INTEGRATIVE DIRECT PRIMARY CARE, INC

**Current Principal Place of Business:**

2590 NORTHBROOK PLAZA DRIVE  
SUITE 106  
NAPLES, FL 34119

**Current Mailing Address:**

2590 NORTHBROOK PLAZA DRIVE  
SUITE 106  
NAPLES, FL 34119 US

**FEI Number:** 87-1132718

**Certificate of Status Desired:** No

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

SMITH, ELIZABETH D  
2590 NORTHBROOK PLAZA DRIVE  
SUITE 106  
NAPLES, FL 34119 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

**Officer/Director Detail :**

Title	P	Title	VP
Name	SMITH, ELIZABETH D	Name	WICKRAMASINGHE, DUMINDA C
Address	2590 NORTHBROOK PLAZA DRIVE SUITE 106	Address	2590 NORTHBROOK PLAZA DRIVE SUITE 106
City-State-Zip:	NAPLES FL 34119	City-State-Zip:	NAPLES FL 34119

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELIZABETH SMITH

**MGR**

**01/25/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date