

**Company Name**

Intensity Health Solutions LLC

**City**

Orlando

**State**

FL

**Contact Name (First and Last)**

Sheena Thompson

**Email**

[info@intensityhealthsolutions.org](mailto:info@intensityhealthsolutions.org)

**Phone**

(407) 412-1554

**Website**

[www.intensityhealthsolutions.org](http://www.intensityhealthsolutions.org)

**Do you have a UF Supplier ID?**

No

**Is the owner a UF alum?**

No

**General Description of Services**

- Data services
- Education and Training Services
- Professional Administrative Performance or Business Services
- Published Products
- Technical Consulting