

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042602

Entity Name: ASHLEY PARK CHIROPRACTIC, L.L.C.

Current Principal Place of Business:

7652 ASHLEY PARK COURT
SUITE 303
ORLANDO, FL 32835

Current Mailing Address:

7652 ASHLEY PARK COURT
SUITE 303
ORLANDO, FL 32835

FEI Number: 20-2768760

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOSINSKY, MARK A
7652 ASHLEY PARK COURT #303
ORLANDO, FL 32835 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	MGRM	Title	MGRM
Name	KOSINSKY, EVELYN IRENE	Name	KOSINSKY, DR. MARK ADAM
Address	9909 NOKAY DR	Address	9909 NOKAY DR
City-State-Zip:	ORLANDO FL 32836	City-State-Zip:	ORLANDO FL 32836

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: DR. MARK ADAM KOSINSKY

MGRM

03/07/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date