

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000016982

**FILED**  
**Mar 30, 2016**  
**Secretary of State**  
**CC3703709068**

**Entity Name:** BACK IN HARMONY CHIROPRACTIC AND WELLNESS CENTER, LLC

**Current Principal Place of Business:**

6115 STIRLING RD  
SUITE 205  
DAVIE, FL 33314

**Current Mailing Address:**

6115 STIRLING RD  
SUITE 205  
DAVIE, FL 33314 US

**FEI Number: 27-1900049**

**Certificate of Status Desired: No**

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

CHONG, WEI SHEEN D.C.  
6115 STIRLING RD  
SUITE 205  
DAVIE, FL 33314 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  
Name CHONG, WEI SHEEN D.C.  
Address 6115 STIRLING RD  
SUITE 205  
City-State-Zip: DAVIE FL 33314

*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: WEI SHEEN CHONG**

**MANAGER**

**03/30/2016**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date