2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 22, 2016
Secretary of State
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Entity Name: LAKELAND'S HEALTH & FAMILY CHIROPRACTIC, L.L.C.

Current Principal Place of Business:

203 DORIS DRIVE
LAKELAND, FL 33813

Current Mailing Address:

203 DORIS DRIVE
LAKELAND, FL 33813

FEI Number: 45-2088262

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STRATTON, MICHAEL L
203 DORIS DRIVE
LAKELAND, FL 33813 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	STRATTON, MICHAEL L
Address	203 DORIS DRIVE
City-State-Zip:	LAKELAND FL 33813

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: MICHAEL L. STRATTON PRESIDENT 09/22/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date