

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000087989

Entity Name: ORLANDO FAMILY CHIROPRACTIC, LLC

Current Principal Place of Business:

500 N. MILLS AVENUE
SUITE A
ORLANDO, FL 32803

Current Mailing Address:

500 N. MILLS AVENUE
SUITE A
ORLANDO, FL 32803

FEI Number: 27-0731185

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOLLANDER, DARREN
1008 S. MILLS AVENUE
C
ORLANDO, FL 32806 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 HOLLANDER, DARREN
Address 1008 S. MILLS AVENUE
City-State-Zip: ORLANDO FL 32806

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DARREN HOLLANDER

CHIROPRACTOR

03/25/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date