

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000130742

**FILED**  
**May 01, 2018**  
**Secretary of State**  
**CC6686435080**

**Entity Name:** ADVANCED CHIROPRACTIC HEALTH AND AWARENESS CENTER, LLC

**Current Principal Place of Business:**

700 2ND AVE N  
SUITE #203  
NAPLES, FL 34102

**Current Mailing Address:**

700 2ND AVE N  
SUITE #203  
NAPLES, FL 34102 US

**FEI Number: 45-3822797**

**Certificate of Status Desired: No**

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

JCK ACCOUNTING & TAX SERVICES  
5664 STRAND CT #B  
NAPLES, FL 34110 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: LEE GARIEPY**

**05/01/2018**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	BERGTOLD, MATTHEW R	Name	BERGTOLD, RITA L
Address	1441 24TH AVE NE	Address	1441 24TH AVE NE
City-State-Zip:	NAPLES FL 34120	City-State-Zip:	NAPLES FL 34120

*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: MATTHEW BERGTOLD**

**MGRM**

**05/01/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date