

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000059979

**Entity Name:** HEALING CHIROPRACTIC AND REHAB CENTER, LLC

**Current Principal Place of Business:**

1004 HIGHGROVE CT  
VALRICO, FL 33596-7025

**Current Mailing Address:**

1004 HIGHGROVE COURT  
VALRICO, FL 33596-7025 US

**FEI Number:** 45-5200026

**Certificate of Status Desired:** No

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

GOOLSBY DC, JOHN D  
1004 HIGHGROVE COURT  
VALRICO, FL 33596-7025 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:** JOHN D GOOLSBY DC

03/16/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GOOLSBY DC, JOHN D  
Address 1004 HIGHGROVE CT  
City-State-Zip: VALRICO FL 33596-7025

*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:** JOHN D GOOLSBY DC

OWNER/CHIROPRACTOR 03/16/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date