

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000010959

Entity Name: TAMARAC CHIRO-REHAB LLC

Current Principal Place of Business:

7401 NW 57TH STREET
TAMARAC, FL 33319

Current Mailing Address:

7401 NW 57TH STREET
TAMARAC, FL 33319 US

FEI Number: 46-1844824

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOUTH FLORIDA TAX
5001 S UNIVERSITY DR
STE B
DAVIE, FL 33328 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 DARREN KREITMAN DC PA
Address 7401 NW 57TH ST
City-State-Zip: TAMARAC FL 33319

Title MGRM
Name WILLIAM VANDERBROOK DC PA
Address 5458 TOWN CENTER RD STE 104
City-State-Zip: BOCA RATON FL 33486

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: WILLIAM VANDERBROOK

MGRM

04/29/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date