

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000093696

**Entity Name:** PINNACLE CHIROPRACTIC AND SPORTS MEDICINE LLC

**Current Principal Place of Business:**

7065 WESTPOINTE BLVD.  
SUITE 205  
ORLANDO, FL 32835

**Current Mailing Address:**

2015 LAKEBREEZE WAY  
DELTONA, FL 32738 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MAMEGHAN, YASHAR  
2015 LAKEBREEZE WAY  
DELTONA, FL 32738 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 MAMEGHAN, YASHAR  
Address 2015 LAKEBREEZE WAY  
City-State-Zip: DELTONA FL 32738

*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:** YASHAR MAMEGHAN \_\_\_\_\_

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date