

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000045181

**Entity Name:** CHIROMEDIC FAMILY PRACTICE, L.L.C

**Current Principal Place of Business:**

6075 SW 72ND STREET  
SUITE 203  
MIAMI, FL 33143

**Current Mailing Address:**

6075 SW 72ND STREET  
SUITE 203  
MIAMI, FL 33143 US

**FEI Number:** 46-5157434

**Certificate of Status Desired:** No

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

GUADAGNO, PAOLO L DR.  
6075 SW 72ND STREET  
SUITE 203  
MIAMI, FL 33143 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:** PAOLO L. GUADAGNO

04/10/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GUADAGNO, PAOLO L DR.  
Address 6075 SW 72ND STREET  
SUITE 203  
City-State-Zip: MIAMI FL 33143

*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:** PAOLO GUADAGNO

MGR

04/10/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date