

2016 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:

7801 SW 133 COURT
MIAMI, FL 33183

FEI Number: 46-5157434

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUADAGNO, PAUL L DR.
7801 SW 133 COURT
MIAMI, FL 33183 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 MGR
Name GUADAGNO, PAUL L DR.
Address 7801 SW 133 COURT
City-State-Zip: MIAMI FL 33183

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: PAUL GUADAGNO

OWNER

05/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date