

2017 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, PAUL 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name GUADAGNO, PAUL 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: DR PAUL L GUADAGNO

OWNER/MANAGER

01/07/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date