

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000097159

**Entity Name:** OVIEDO CHIROPRACTIC, LLC

**Current Principal Place of Business:**

4815 FALLING ACORN CIRCLE  
LAKE MARY, FL 32746

**Current Mailing Address:**

4815 FALLING ACORN CIRCLE  
LAKE MARY, FL 32746

**FEI Number:** 47-1151750

**Certificate of Status Desired:** No

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

COUGH, JUSTIN R DR.  
2871 CLAYTON CROSSING WAY  
SUITE 1073  
OVIEDO, FL 32765 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:** JUSTIN R COUGH

01/16/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name COUGH, JUSTIN  
Address 4815 FALLING ACORN CIRCLE  
City-State-Zip: LAKE MARY FL 32746

Title AMBR  
Name PEGAN, MARK  
Address 120 INTERNATIONAL PKWY., STE. 124  
City-State-Zip: LAKE MARY FL 32746

*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:** JUSTIN R. COUGH

DR.

01/16/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date