2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2017
Secretary of State
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Entity Name: 1ST CHOICE CHIROPRACTIC CENTER, LLC.

Current Principal Place of Business:

1803 PARK CENTER DRIVE
SUITE 120
ORLANDO, FL 32835

Current Mailing Address:

1803 PARK CENTER DRIVE
SUITE 120
ORLANDO, FL 32835 US

FEI Number: 47-4495574

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MURRAY, LISA E DC
1803 PARK CENTER DRIVE
SUITE 120
ORLANDO, FL 32835 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: LISA E MURRAY 01/23/2017

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	DR MURRAY, LISA E DC
Address	1803 PARK CENTER DRIVE SUITE 120
City-State-Zip:	ORLANDO FL 32835

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 MURRAY , LISA E , DC OWNER/CHIROPRACTIC PHYSICAN 01/23/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date