

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000211590

**Entity Name:** AMERICAN CHIROPRACTIC, LLC

**Current Principal Place of Business:**

4649 CLYDE MORRIS BLVD.  
SUITE 609  
PORT ORANGE, FL 32129

**Current Mailing Address:**

4649 CLYDE MORRIS BLVD.  
SUITE 609  
PORT ORANGE, FL 32129 US

**FEI Number:** 81-0876221

**Certificate of Status Desired:** No

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

HENNIGHAN, ELIZABETH J D. C.  
1643 TOWN PARK DR  
PORT ORANGE, FL 32129 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:** ELIZABETH J. HENNIGHAN, D. C.

04/04/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            HENNIGHAN, ELIZABETH J  
Address        1643 TOWN PARK DR  
City-State-Zip: PORT ORANGE FL 32129

*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:** ELIZABETH J. HENNIGHAN

PRES

04/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date