

2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L16000024292

Entity Name: CHIROCARE OF THE SUNCOAST, L.L.C.

Current Principal Place of Business:

9015 TOWN CENTER PKWY
SUITE # 135
LAKEWOOD RANCH, FL 34202

Current Mailing Address:

9015 TOWN CENTER PKWY
SUITE # 135
LAKEWOOD RANCH, FL 34202 US

FEI Number: 02-0629018

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ANDERSON, DR. JEFFREY O
9015 TOWN CENTER PKWY
SUITE # 135
LAKEWOOD RANCH, FL 34202 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: DR. JEFFREY O. ANDERSON, D.C.

09/30/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name ANDERSON, JEFFERY O DR
Address 9015 TOWN CENTER PKWY
SUITE # 135
City-State-Zip: LAKEWOOD RANCH FL 34202

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: ANDERSON , JEFFERY O , DR

OWNER

09/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date