2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 17, 2018
Secretary of State
CC0776732334

Entity Name: ORCHID MEDI-CENTER, LLC

Current Principal Place of Business:

104 SE LONITA STREET
STUART, FL 34994

Current Mailing Address:

104 SE LONITA STREET
STUART, FL 34994 US

FEI Number: 81-2431199

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEC CONSULTANTS, INC.
601 21ST STREET
SUITE 300
VERO BEACH, FL 32960 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	Title	AUTHORIZED MEMBER
Name	ALBERT, SAMANTHA	Name	SIMPSON CHIROPRACTIC PAIN & WELLNESS CENTER, PA
Address	104 SE LONITA STREET	Address	104 SE LONITA STREET
City-State-Zip:	STUART FL 34994	City-State-Zip:	STUART FL 34994

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: SAMANTHA ALBERT MGR 01/17/2018

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