

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000083403

**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

**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**

**01/17/2017**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date