2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2018
Secretary of State
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Entity Name: RIST CHIROPRACTIC AND WELLNESS LLC

Current Principal Place of Business:

4155 CLARK RD.
SARASOTA, FL 34233

Current Mailing Address:

4155 CLARK RD.
SARASOTA, FL 34233 US

FEI Number: 81-2473799

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIST, BRIAN R
4155 CLARK RD.
SARASOTA, FL 34233 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	PRESIDENT
Name	RIST, BRIAN R
Address	4155 CLARK RD.
City-State-Zip:	SARASOTA FL 34233

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: BRIAN RIST PRESIDENT 04/26/2018

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