

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000222167

Entity Name: VERTE CHIROPRACTIC, PLLC

Current Principal Place of Business:

1814 JAKE ST
ORLANDO, FL 32814

Current Mailing Address:

P.O. BOX 1263
CAMARILLO, CA 93011 US

FEI Number: 81-4750634

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
515 EAST PARK AVENUE
2ND FL
TALLAHASSEE, FL 32301 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
Name DEMONSABERT, SHARON
Address P.O. BOX 1263
City-State-Zip: CAMARILLO CA 93011

Title MBR
Name WHEATON, DR. TAYLOR DC
Address 1814 JAKE ST
City-State-Zip: ORLANDO FL 32814

Title MBR
Name BAILY, DR. JAMES DC
Address 1814 JAKE ST
City-State-Zip: ORLANDO FL 32814

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: WHEATON , DR. TAYLOR , DC

PARTNER

03/20/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date