

**2019 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**

**03/27/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date