

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000117019

**Entity Name:** MADISON CHIROTHERAPY, PLLC

**Current Principal Place of Business:**

126 SW SUMATRA AVENUE  
MADISON, FL 32340

**Current Mailing Address:**

126 SW SUMATRA AVENUE  
MADISON, FL 32340

**FEI Number:** 82-1719271

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HERRING, JOSEPH M  
126 SW SUMATRA AVENUE  
MADISON, FL 32340 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 HERRING, JOSEPH M  
Address 126 SW SUMATRA AVENUE  
City-State-Zip: MADISON FL 32340

*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:** DR. JOSEPH HERRING

**OWNER**

**01/27/2021**

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

\_\_\_\_\_ Date