

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000187348

Entity Name: 24/7 CHIROPRACTIC WELLNESS & REHAB, LLC

Current Principal Place of Business:

3479 DELTONA BLVD
SPRING HILL, FL 34606

Current Mailing Address:

193 OAK LAKE DR.
SPRING HILL, FL 34608 UN

FEI Number: 30-1127939

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPINE DESIGN CHIROPRACTIC CENTER, LLC
193 OAK LAKE DR.
SPRING HILL, FL 34608 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 AMBR
Name BACK TO HEALTH CHIROPRACTIC LLC
Address 193 OAK LAKE DR.
City-State-Zip: SPRING HILL FL 34608

Title AMBR
Name SPINE DESIGN CHIROPRACTIC CENTER, LLC
Address 193 OAK LAKE DR.
City-State-Zip: SPRING HILL FL 34608

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: BACK TO HEALTH CHIROPRACTIC CENTER LLC

AMBR

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date