

**2023 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:**

3511 CASA COURT  
HERNANDO BEACH, FL 34607 US

**FEI Number:** 30-1127939

**Certificate of Status Desired:** No

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

SEGREE, KIANI  
3511 CASA COURT  
HERNANDO BEACH, FL 34607 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:** KIANI SEGREE

04/30/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name D'ACUNTO, OLIVIA  
Address 3511 CASA COURT  
City-State-Zip: HERNANDO BEACH FL 34607

Title AMBR  
Name SEGREE, KIANI  
Address 3511 CASA COURT  
City-State-Zip: HERNANDO BEACH FL 34607

*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:** KIANI SEGREE

AMBR

04/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date