

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000297502

Entity Name: ALPHA CARE SPORTS CHIROPRACTIC AND FUNCTIONAL
MEDICINE LLC

Current Principal Place of Business:

1133 INDUSTRIAL DR
CRESTVIEW, FL 32539

Current Mailing Address:

1133 INDUSTRIAL DR
CRESTVIEW, FL 32539 US

FEI Number: 87-1540571

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DUNN, KRISTIAN E P.A.
235 E. VIRGINIA ST.
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 AR
Name RIZZO, GABRIEL F DC
Address 1133 INDUSTRIAL DR
City-State-Zip: CRESTVIEW FL 32539

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: GABRIEL F. RIZZO, DC

AR

03/22/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date