SIGNATURE: BENNETT BAYLESS DC

that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000160989

Entity Name: 100 CHIRO BAYLESS, PLLC

Current Principal Place of Business:

6289 W SUNRISE BLVD STE 114 SUNRISE, FL 33313

Current Mailing Address:

6289 W SUNRISE BLVD STE 114 SUNRISE, FL 33313 US

FEI Number: 88-2178087

Name and Address of Current Registered Agent:

BAYLESS, BENNETT DC 6289 W SUNRISE BLVD STE 114 SUNRISE, FL 33313 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

Authorized Person(s) Detail :			
Title	MGR	Title	AP
Name	BAYLESS, BENNETT DC	Name	GALVEZ-BAYLESS, LAURA
Address	6289 W SUNRISE BLVD., STE. 114	Address	6289 W SUNRISE BLVD., STE. 114
City-State-Zip:	SUNRISE FL 33313	City-State-Zip:	SUNRISE FL 33313

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

MANAGER

FILED May 01, 2023 Secretary of State 5009910988CC

Certificate of Status Desired: No

05/01/2023

Date

Date