

2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A04000001819

Entity Name: CHIROPRACTIC MANAGEMENT, LLLP

Current Principal Place of Business:

C/O CLARK V. MONAHAN
419 ANASTASIA BLVD.
ST. AUGUSTINE, FL 32080

Current Mailing Address:

C/O CLARK V. MONAHAN
419 ANASTASIA BLVD.
ST. AUGUSTINE, FL 32080

FEI Number: 20-1901480

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KRAMER, ROBERT M
4000 HOLLYWOOD BLVD., STE. 485 SOUTH
HOLLYWOOD, FL 33021 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

General Partner Detail :

Document #

Document #

Name MONAHAN, CLARK V

Name MONAHAN, MARTIN M

Address 419 ANASTASIA BLVD.

Address 419 ANASTASIA BLVD.

City-State-Zip: ST. AUGUSTINE FL 32080

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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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CLARK V. MONAHAN

DIRECTOR

04/23/2014

Electronic Signature of Signing General Partner Detail

Date