2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2014
Secretary of State
CC1695541915

DOCUMENT# L02000023277

Entity Name: RIVER CITY CHIROPRACTIC, LLC

Current Principal Place of Business:

6054 SAN JOSE BLVD
JACKSONVILLE, FL 32217

Current Mailing Address:

6054 SAN JOSE BLVD
JACKSONVILLE, FL 32217 US

FEI Number: 34-2006756

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEVE, DAVID A
6054 SAN JOSE BLVD
JACKSONVILLE, FL 32217 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	MGRM
Name	STEVE, DAVID A
Address	8320 WARLIN DRIVE SOUTH
City-State-Zip:	JACKSONVILLE FL 32216

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: DAVID STEVE MGRM 04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date