

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039017

Entity Name: MAURICIO CHIROPRACTIC SOUTH LLC

Current Principal Place of Business:

12720 S. ORANGE BLOSSOM TRAIL
SUITE 20
ORLANDO, FL 32837

Current Mailing Address:

12278 E. COLONIAL DR.
STE. 600 C
ORLANDO, FL 32826 US

FEI Number: 05-0589556

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIMON PC
6900 TAVISTOCK LAKES BLVD.
SUITE 400
ORLANDO, FL 32827 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: ROBERT Q LEE

04/27/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name BIRD, RICHARD S
Address 923 LOCUST STREET
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title MGR
Name COHEN, DANIEL G
Address 1809 LAKE BALDIN LANE
City-State-Zip: ORLANDO FL 32814

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: RICHARD BIRD

MGR

04/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date