

**2018 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:**

GRENNAN FENDER HESS & POPARAD LLP  
1000 LEGION PLACE STE 701  
ORLANDO, FL 32801 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:** DANNA E RIVERA

04/06/2018

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 S BIRD

MGR

04/06/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date