

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000001116

**Entity Name:** BRUCE CHIROPRACTIC AND COMPREHENSIVE CARE, PLLC

**Current Principal Place of Business:**

2135 S.W. 19TH AVENUE ROAD, SUITE 101  
OCALA, FL 34471

**Current Mailing Address:**

2135 S.W. 19TH AVENUE ROAD, SUITE 101  
OCALA, FL 34471 US

**FEI Number:** 20-4042016

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BRUCE, MICHAEL P  
2135 S.W. 19TH AVENUE ROAD, SUITE 101  
OCALA, FL 34471 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           MANAGER  
Name           BRUCE, MICHAEL P  
Address        2135 S.W. 19TH AVENUE ROAD,  
                  SUITE 101  
City-State-Zip: Ocala FL 34471

*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:** MICHAEL P. BRUCE

**MANAGER**

**01/10/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date