2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2023
Secretary of State
9715795215CC

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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 01/16/2023

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