

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000001116

Entity Name: BRUCE CHIROPRACTIC AND COMPREHENSIVE CARE, PLLC

Current Principal Place of Business:

351 N.E. 8TH AVENUE
OCALA, FL 34470

Current Mailing Address:

351 N.E. 8TH AVENUE
OCALA, FL 34470 US

FEI Number: 20-4042016

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRUCE, MICHAEL PAUL
351 N.E. 8TH AVENUE
OCALA, FL 34470 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: MICHAEL PAUL BRUCE

04/21/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER

Name BRUCE, MICHAEL PAUL

Address 351 N.E. 8TH AVENUE

City-State-Zip: OCALA FL 34470

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 PAUL BRUCE

MANAGER

04/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date