

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000039061

**Entity Name:** BISCAYNE CHIROPRACTIC REHABILITATION CENTER LLC

**Current Principal Place of Business:**

15921 BISCAYNE BLVD.  
NORTH MIAMI BEACH, FL 33160

**Current Mailing Address:**

15921 BISCAYNE BLVD.  
NORTH MIAMI BEACH, FL 33160

**FEI Number:** 20-4223513

**Certificate of Status Desired:** No

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

OGC ASSOCIATES PA  
1761 W HILLSBORO BLVD  
STE 408  
DEERFIELD BEACH, FL 33442 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:** ODIJAS CAMINHA

04/20/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GOLDIN, MICHAEL  
Address 15921 BISCAYNE BLVD.  
City-State-Zip: NORTH MIAMI BEACH FL 33160

*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:** GOLDIN , MICHAEL

MGR

04/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date