

2014 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:

GOLDIN, MICHAEL
15921 BISCAYNE BLVD.
NORTH MIAMI BEACH, FL 33160 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 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: MICHAEL GOLDIN

PRESIDENT

05/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date