

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000058552

Entity Name: ACTIVE CHIROPRACTIC WELLNESS CENTER, LLC

Current Principal Place of Business:

4111 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32207

Current Mailing Address:

5769 RAINBOW LAKE CT.
JACKSONVILLE, FL 32258

FEI Number: 26-2820382

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALLAGHER, VINCENT
BEACH LIFE LAW
252 3RD STREET
NEPTUNE BEACH, FL 32266 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: VINCENT GALLAGHER

03/13/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name RENNE D.C., CHRISTOPHER B DR.
Address 4111 ATLANTIC BLVD
City-State-Zip: JACKSONVILLE FL 32207

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: DR. CHRISTOPHER B RENNE D.C.

MGRM

03/13/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date