

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000057744

Entity Name: WOLSTEIN CHIROPRACTIC AND SPORTS INJURY CENTER
LLC.

FILED
Jan 22, 2015
Secretary of State
CC4355483782

Current Principal Place of Business:

32976 US HWY 19 N
PALM HARBOR, FL 34684

Current Mailing Address:

32976 US HWY 19 N
PALM HARBOR, FL 34684

FEI Number: 27-0551607

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOLSTEIN, DR. KAREN
2468 BAYWOOD DRIVE W.
DUNEDIN, FL 34698-2013 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 MGRM
Name WOLSTEIN, DR. KAREN
Address 2468 BAYWOOD DRIVE W.
City-State-Zip: DUNEDIN FL 34698-2013

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. KAREN WOLSTEIN

OWNER

01/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date