

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000101155

Entity Name: THE CHIROPRACTIC CENTER, LLC

Current Principal Place of Business:

32749 RADIO RD
LEESBURG, FL 34788

Current Mailing Address:

32749 RADIO RD
LEESBURG, FL 34788 US

FEI Number: 27-1152800

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORREALE, JOSEPH M
9816 FAIRWAY CIR
LEESBURG, FL 34788 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 MORREALE, JOSEPH M
Address 9816 FAIRWAY CIR
City-State-Zip: LEESBURG FL 34788

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: JOSEPH MORREALE

OWNER

01/11/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date