

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000116649

**Entity Name:** FLORIDA INJURY GROUP, LLC.

**Current Principal Place of Business:**

797 N. STATE ROAD 434  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

797 N. STATE ROAD 434  
ALTAMONTE SPRINGS, FL 32714

**FEI Number: 27-1439610**

**Certificate of Status Desired: No**

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

ROBERT A. DEMETREE, D.C., INC.  
797 N. STATE ROAD 434  
ALTAMONTE SPRINGS, FL 32714 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 ROBERT A. DEMETREE, D.C., INC.  
Address 797 N. STATE ROAD 434  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MGRM  
Name DEMETREE CHIROPRACTIC GROUP, INC.  
Address 1750 W. BROADWAY STREET #108  
City-State-Zip: OVIEDO FL 32765

Title MGRM  
Name MATTHEW C. DEMETREE, D.C., PA  
Address 3505 S. ORLANDO DRIVE  
City-State-Zip: SANFORD FL 32773

*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: JENNY DEMETREE**

**BOOKKEEPER**

**04/19/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date