

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000090546

Entity Name: MACK CHIROPRACTIC, LLC

Current Principal Place of Business:

2202 SE 17TH ST
OCALA, FL 34471

Current Mailing Address:

4701 NE 9 STREET
OCALA, FL 34470 US

FEI Number: 27-3389944

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MTA OF OVIEDO FINANCIAL SERVICES INC
2572 WEST STATE ROAD 426
SUITE 1072
ORLANDO, FL 32765 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 MAKAREWICZ, BEAU R
Address 4701 NE 9TH ST
City-State-Zip: OCALA FL 34470

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BEAU R. MAKAREWICZ

MGRM

04/17/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date