2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2015
Secretary of State
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Entity Name: MACK CHIROPRACTIC, LLC

Current Principal Place of Business:

1813 SW 1ST AVENUE
OCALA, FL 34471

Current Mailing Address:

P.O. BOX 668
OCALA, FL 34478 US

FEI Number: 27-3389944

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAKAREWICZ, BEAU DR.
1813 SW 1ST AVENUE
OCALA, FL 34471 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: DR. BEAU MAKAREWICZ 01/16/2015

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM
Name	MAKAREWICZ, BEAU R
Address	P.O. BOX 668
City-State-Zip:	OCALA FL 34478

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: BEAU R. MAKAREWICZ MGRM 01/16/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date