

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000090546

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.
4701 NE 9TH ST
OCALA, FL 34470 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

01/28/2014

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

SIGNATURE: BEAU MAKAREWICZ

MGRM

01/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date