2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2016
Secretary of State
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Entity Name: NAPLES FAMILY CHIROPRACTIC, PLLC

Current Principal Place of Business:

231 9TH ST S
NAPLES, FL 34102

Current Mailing Address:

231 9TH ST S
NAPLES, FL 34102 US

FEI Number: 27-3580805

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FROST, JENNIFER PD.C.
231 9TH ST S
NAPLES, FL 34102 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	FROST, JENNIFER PD.C.
Address	231 9TH ST S
City-State-Zip:	NAPLES FL 34102

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: JENNIFER P FROST, D.C. MANAGING MEMBER 04/19/2016

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