

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000026334

**Entity Name:** MIDTOWN CHIROPRACTIC PLLC

**Current Principal Place of Business:**

3208 LANTANA ROAD  
LANTANA, FL 33462

**Current Mailing Address:**

3208 LANTANA ROAD  
LANTANA, FL 33462

**FEI Number:** 45-4618231

**Certificate of Status Desired:** No

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

COLON, FRANCISCO MDR  
3208 LANTANA ROAD  
LANTANA, FL 33462 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 COLON, FRANCISCO MDR  
Address 1550 BRICKELL AVE 203A  
City-State-Zip: MIAMI FL 33129

Title MGR  
Name COLON, SEBASTIAN  
Address 5700 COLLINS AVENUE, APT. 56  
City-State-Zip: MIAMI BEACH FL

*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:** FRANCISCO COLON

MGRM

01/12/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date