

**2023 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 US

**FEI Number:** 45-4618231

**Certificate of Status Desired:** No

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

COLON, FRANCISCO MDR  
3208 LANTANA RD  
LAKE WORTH, 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 4625 PARKER AVENUE  
City-State-Zip: WEST PALM BEACH FL 33405

Title MGR  
Name COLON, SEBASTIAN  
Address 3208 LANTANA RD  
City-State-Zip: LAKE WORTH FL 33462

*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:** COLON, FRANCISCO MDR

MGRM

02/11/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date