

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000138676

**Entity Name:** HEALTH SOURCE OF PALM BEACH GARDENS CHIROPRACTIC  
AND PROGRESSIVE WELLNESS LLC

**FILED**  
**Mar 06, 2017**  
**Secretary of State**  
**CC6672592397**

**Current Principal Place of Business:**

4360 NORTHLAKE BLVD  
SUITE 105  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

4360 NORTHLAKE BLVD  
SUITE 105  
PALM BEACH GARDENS, FL 33410 US

**FEI Number: 32-0393052**

**Certificate of Status Desired: No**

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

ZARETSKI, JOHN J DR.  
336 GOLFVIEW ROAD  
408  
NORTH PALM BEACH, FL 33408 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: JOHN ZARETSKI**

**03/06/2017**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ZARETSKI, JOHN J DR.  
Address 336 GOLFVIEW ROAD  
408  
City-State-Zip: NORTH PALM BEACH FL 33408

*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: JOHN ZARETSKI**

**MNGR**

**03/06/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date