

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000066660

**Entity Name:** DAVIS CLINIC OF CHIROPRACTIC PLLC

**Current Principal Place of Business:**

1585 SANTA BARBARA BOULEVARD  
THE VILLAGES, FL 32159

**Current Mailing Address:**

1585 SANTA BARBARA BOULEVARD  
THE VILLAGES, FL 32159

**FEI Number:** 20-4643941

**Certificate of Status Desired:** No

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

UDICK, ARLENE C  
39245 TACOMA AVENUE  
LADY LAKE, FL 32156 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 DAVIS, JASON  
Address 1585 SANTA BARBARA BOULEVARD  
City-State-Zip: THE VILLAGES FL 32159

*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:** DAVIS JASON

**MANAGER**

**01/06/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date