

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000066846

**Entity Name:** GALLOWAY CHIROPRACTIC AND SPORTS REHAB LLC

**Current Principal Place of Business:**

6963 E. FOWLER AVE.  
TAMPA, FL 33617

**Current Mailing Address:**

6963 E. FOWLER AVE.  
TAMPA, FL 33617 US

**FEI Number:** 46-2717480

**Certificate of Status Desired:** No

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

GALLOWAY, RICHARD P III  
6963 E. FOWLER AVE.  
TAMPA, FL 33617 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 GALLOWAY, RICHARD P III  
Address 6963 E. FOWLER AVE.  
City-State-Zip: TAMPA FL 33617

*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:** RICHARD GALLOWAY III

**OWNER**

**01/24/2016**

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

\_\_\_\_\_ Date