

2024 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:

3825 HENDERSON BLVD., #501
TAMPA, FL 33629 US

FEI Number: 20-0617710

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DRUMMOND, SCOTT
3825 HENDERSON BLVD, #501
TAMPA, FL 33629 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: SCOTT DRUMMOND

02/08/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name DRUMMOND, SCOTT
Address 3825 HENDERSON BLVD., #501
City-State-Zip: TAMPA FL 33629

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: SCOTT DRUMMOND

OWNER

02/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date