

2014 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 P. GALLOWAY III

DR.

01/13/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date