

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000135996

Entity Name: SPENCER FAMILY MEDICINE AND CHIROPRACTIC LLC

Current Principal Place of Business:

288 E STATE ROAD 434
LONGWOOD, FL 32750

Current Mailing Address:

288 E STATE ROAD 434
LONGWOOD, FL 32750 US

FEI Number: 46-3756786

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPENCER, LOUIS A
288 E STATE ROAD 434
LONGWOOD, FL 32750 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: LOUIS A SPENCER

02/01/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name SPENCER, LOUIS MD
Address 141 NELSON BOULEVARD
City-State-Zip: ROME GA 30165

Title MGRM
Name SPENCER, CECILIA
Address 141 NELSON BOULEVARD
City-State-Zip: ROME GA 30165

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: LOUIS SPENCER

OWNER

02/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date