2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2015
Secretary of State
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Entity Name: SPENCER FAMILY MEDICINE AND CHIROPRACTIC LLC

Current Principal Place of Business:

242 WEST HIGHWAY 434
LONGWOOD, FL 32750

Current Mailing Address:

242 WEST HIGHWAY 434
LONGWOOD, FL 32750

FEI Number: 46-3756786

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERNANDEZ LAW PA
976 LAKE BALDWIN LANE
SUITE 205
ORLANDO, FL 32814 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	Title	MGRM
Name	SPENCER, LOUIS MD	Name	SPENCER, CECILIA
Address	141 NELSON BOULEVARD	Address	141 NELSON BOULEVARD
City-State-Zip:	ROME GA 30165	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 A. SPENCER, M.D. OWNER 04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date