

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000053503

**Entity Name:** IBANEZ CHIROPRACTIC, LLC

**Current Principal Place of Business:**

9999 NE 2ND AVENUE  
SUITE 312  
MIAMI SHORES, FL 33138

**Current Mailing Address:**

9999 NE 2ND AVENUE  
SUITE 312  
MIAMI SHORES, FL 33138 US

**FEI Number:** 46-5277358

**Certificate of Status Desired:** Yes

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

IBANEZ, KRISTIN  
9999 NE 2ND AVENUE  
SUITE 312  
MIAMI SHORES, FL 33138 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            AR  
Name            IBANEZ, KRISTIN DR.  
Address        9999 NE 2ND AVENUE  
                  SUITE 312  
City-State-Zip: MIAMI SHORES FL 33138

*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:** KRISTIN IBANEZ

AR

03/30/2015

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

\_\_\_\_\_  
Date