#### 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000149524

Entity Name: FLORIDA ORTHOPAEDIC INSTITUTE CHIRO NETWORK, LLC

FILED
Mar 06, 2020
Secretary of State
0171003530CC

# **Current Principal Place of Business:**

13020 N TELECOM PKWY TEMPLE TERRACE, FL 33637

# **Current Mailing Address:**

13020 N TELECOM PKWY

TEMPLE TERRACE, FL 33637 US

FEI Number: 47-1918492 Certificate of Status Desired: Yes

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

CULUMBER, JANENE J 13020 N TELECOM PKWY TEMPLE TERRACE, FL 33637 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: JANENE CULUMBER 03/06/2020

Electronic Signature of Registered Agent

Date

# Authorized Person(s) Detail:

Title MGR Title MGR

NameSANDERS, ROY W MDNameCULUMBER, JANENE JAddress13020 N TELECOM PKWYAddress13020 N TELECOM PKWYCity-State-Zip:TEMPLE TERRACE FL 33637City-State-Zip:TEMPLE TERRACE FL 33637

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.