

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000149524

Entity Name: FLORIDA ORTHOPAEDIC INSTITUTE CHIRO NETWORK, LLC

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: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 SANDERS, ROY W MD
Address 13020 N TELECOM PKWY
City-State-Zip: TEMPLE TERRACE FL 33637

Title MGR
Name CULUMBER, JANENE J
Address 13020 N TELECOM PKWY
City-State-Zip: TEMPLE TERRACE FL 33637

Title AUTHORIZED SIGNOR
Name CULUMBER, JANENE J
Address 13020 N TELECOM PKWY
City-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.

SIGNATURE: JANENE J CULUMBER

AUTHORIZED SIGNOR

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date