2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2016
Secretary of State
CC6787634402

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Entity Name: EASTSIDE CHIROPRACTIC CENTER, LLC

Current Principal Place of Business:

8228 BISCAYNE BLVD
MIAMI, FL 33138

Current Mailing Address:

8228 BISCAYNE BLVD
MIAMI, FL 33138

FEI Number: 20-2530877

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTINEZ, DAMIAN
8228 BISCAYNE BLVD
MIAMI, 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	AMBR	Title	AMBR
Name	MARTINEZ, DAMIAN	Name	BUCKLEY, JOSEPH
Address	8228 BISCAYNE BLVD	Address	8228 BISCAYNE BLVD
City-State-Zip:	MIAMI FL 33138	City-State-Zip:	MIAMI 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: DAMIAN MARTINEZ MANAGING MEMBER 04/18/2016

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