

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000188701

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
Name MARTINEZ, DAMIAN
Address 8228 BISCAYNE BLVD
City-State-Zip: MIAMI FL 33138

Title AMBR
Name BUCKLEY, JOSEPH
Address 8228 BISCAYNE BLVD
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

GP

03/28/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date