

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000098887

Entity Name: CHIROCARE OF SUNRISE, LLC

Current Principal Place of Business:

1017 SOUTH UNIVERSIT DRIVE
PLANTATION, FL 33324

Current Mailing Address:

1301 EAST ATLANTIC BLVD
SUITE 1
POMPANO BEACH, FL 33060 US

FEI Number: 47-4226809

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHWARTZ, STEVEN B
1301 EAST ATLANTIC BLVD
SUITE 1
POMPANO BEACH, FL 33060 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 SANDS, ANDREW
Address 18205 BISCAYNE BLVD STE 2214
City-State-Zip: AVENTURA FL 33160

Title MGR
Name SCHWARTZ, STEVEN
Address 18205 BISCAYNE BLVD STE 2214
City-State-Zip: AVENTURA FL 33160

Title MANAGER
Name LEVINE, MICHAEL
Address 1017 SOUTH UNIVERSIT DRIVE
City-State-Zip: PLANTATION FL 33324

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: STEVEN SCHWARTZ

MANAGER

04/27/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date