2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2019
Secretary of State
4173559472CC

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Entity Name: CHIROCARE OF SUNRISE, LLC

Current Principal Place of Business:

1017 SOUTH UNIVERSIT DRIVE
PLANTATION, FL 33324

Current Mailing Address:

1600 S FEDERAL HWY
SUITE 451
POMPANO BEACH, FL 33062 US

FEI Number: 47-4226809

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHWARTZ, STEVEN B
1600 S FEDERAL HWY
SUITE 451
POMPANO BEACH, FL 33062 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	Title	MGR
Name	SANDS, ANDREW	Name	SCHWARTZ, STEVEN
Address	1600 S FEDERAL HWY SUITE 451	Address	1600 S FEDERAL HWY SUITE 451
City-State-Zip:	POMPANO BEACH FL 33062	City-State-Zip:	POMPANO BEACH FL 33062

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 MGR 04/23/2019

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