2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2025
Secretary of State
2572575765CC

DOCUMENT# L15000098887

Entity Name: CHIROCARE OF SUNRISE, LLC

Current Principal Place of Business:

801 S UNIVERSITY DRIVE
J 101
PLANTATION, FL 33324

Current Mailing Address:

1600 S FEDERAL HWY
SUITE 811
POMPANO BEACH, FL 33062 US

FEI Number: 47-4226809

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIROCARE OF FLORIDA, INC
1600 S FEDERAL HWY
SUITE 811
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: STEVEN SCHWARTZ 04/07/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	SCHWARTZ, STEVEN
Address	1600 S FEDERAL HWY SUITE 811
City-State-Zip:	POMPANO BEACH FL 33062

Title	MANAGER
Name	LEVINE, MICHAEL
Address	801 SOUTH UNIVERSITY DRIVE
City-State-Zip:	PLANTATION FL 33324

Title	MANAGER
Name	CHIROCARE OF FLORIDA, INC
Address	1600 S FEDERAL HWY SUITE 811
City-State-Zip:	POMPANO BEACH FL 33062

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 04/07/2025

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