

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04/25/2024

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

04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date