

**2023 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:**

SCHWARTZ, STEVEN B  
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:**

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

04/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date