

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000098887

Entity Name: CHIROCARE OF SUNRISE, LLC

Current Principal Place of Business:

801 S UNIVERSITY 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
Name SCHWARTZ, STEVEN
Address 1600 S FEDERAL HWY
SUITE 451
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, LLC
Address 1600 S FEDERAL HWY
SUITE 451
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

06/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date