## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000024292

Entity Name: CHIROCARE OF THE SUNCOAST, L.L.C.

**Current Principal Place of Business:** 

3655 CORTEZ ROAD WEST **SUITE # 100** 

BRADENTON, FL 34210

**Current Mailing Address:** 

3655 CORTEZ ROAD WEST **SUITE # 100** BRADENTON, FL 34210 US

FEI Number: 02-0629018 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANDERSON, DR. JEFFREY O 3655 CORTEZ ROAD WEST **SUITE # 100** BRADENTON, FL 34210 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: DR. JEFFREY O. ANDERSON, D.C. 04/30/2018

> Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title **AMBR** 

Name ANDERSON, JEFFERY O DR 3655 CORTEZ ROAD WEST Address

**SUITE # 100** 

City-State-Zip: **BRADENTON FL 34210** 

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: ANDERSON, JEFFERY O, DR

OWNER OF CHIROCARE OF THE SUNCOAST, L.L.C.

04/30/2018

**FILED** Apr 30, 2018

**Secretary of State** 

CC3420018301

Electronic Signature of Signing Authorized Person(s) Detail

Date