

**2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

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:** Yes

**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.

09/28/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name ANDERSON, JEFFERY O DR  
Address 3655 CORTEZ ROAD WEST  
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

CEO/OWNER

09/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date