2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2017
Secretary of State
CC2312754897

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Entity Name: JOE PALMER CHIROPRACTIC LLC

Current Principal Place of Business:

4481 LEGENDARY DR.
SUITE 150
DESTIN, FL 32541

Current Mailing Address:

4481 LEGENDARY DR.
SUITE 150
DESTIN, FL 32541

FEI Number: 81-4031492

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PALMER, JOSEPH A
206 EDREHI DR.
NICEVILLE, FL 32578 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	PALMER, JOSEPH A
Address	206 EDREHI DR.
City-State-Zip:	NICEVILLE FL 32578

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: JOSEPH AUSTIN PALMER 05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date