**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 12, 2023**
**Secretary of State**
**7976600904CC**

DOCUMENT# L17000185078

**Entity Name:** CORRECTIVE CHIROPRACTIC, PLLC

**Current Principal Place of Business:**

206 S 15 AVE
APT 4
HOLLYWOOD, FL 33020

**Current Mailing Address:**

206 S 15 AVE
APT 4
HOLLYWOOD, FL 33020 US

**FEI Number: 82-4316612**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HASLETT, JOHN
206 S 15 AVE
APT 4
HOLLYWOOD, FL 33020 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 | AUTHORIZED MEMBER |
| Name | HASLETT, JOHN |
| Address | 206 S 15 AVE<br>APT 4 |
| City-State-Zip: | HOLLYWOOD FL 33020 |

*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: JOHN HASLETT DR 04/12/2023

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