

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000227997

Entity Name: INSPIRE CHIROPRACTICE, LLC

Current Principal Place of Business:

3000 SOUTH CONGRESS AVE
UNIT 102
BOYNTON BEACH, FL 33426

Current Mailing Address:

3000 SOUTH CONGRESS AVE
UNIT 102
BOYNTON BEACH, FL 33426

FEI Number: 47-3140769

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOLT, ANDREW
3000 SOUTH CONGRESS AVE
UNIT 102
BOYNTON BEACH, FL 33426 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: ANDREW NOLT

04/29/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PSTD
Name NOLT, ANDREW M
Address 3000 SOUTH CONGRESS AVE UNIT
102
City-State-Zip: BOYNTON BEACH FL 33426

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: ANDREW NOLT

OWNER/DOCTOR

04/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date