

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000280134

**Entity Name:** THE CHIROPRACTIC TRUHEALTHDR LLC

**Current Principal Place of Business:**

13450 PARKER COMMONS BLVD  
#105  
FORT MYERS, FL 33912

**Current Mailing Address:**

13450 PARKER COMMONS BLVD  
#105  
FORT MYERS, FL 33912 US

**FEI Number:** 83-2685958

**Certificate of Status Desired:** No

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

EVOLVE TAX & ACCOUNTING FL LLC  
5237 SUMMERLIN COMMONS BLVD  
SUITE 311  
FORT MYERS, FL 33907 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 TOLISANO, JOSEPH M  
Address 13450 PARKER COMMONS BLVD  
#105  
City-State-Zip: FORT MYERS FL 33912

*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 M TOLISANO

MGR

03/17/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date