

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000280134

**Entity Name:** THE CHIROPRACTIC TRUHEALTHDR LLC

**Current Principal Place of Business:**

3368 WOODS EDGE CIR  
SUITE 104  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

3368 WOODS EDGE CIRCLE  
SUITE 104  
FORT MYERS, FL 33919

**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 324  
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 3368 WOODS EDGE CIRCLE SUITE  
104  
City-State-Zip: BONITA SPRINGS FL 34134

*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 TOLISANO

MGR

05/28/2020

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

\_\_\_\_\_  
Date