

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000022803

Entity Name: EAST OF 75 CHIROPRACTIC AND MEDICAL CARE, LLC

Current Principal Place of Business:

36822 MANATEE AVE
MYAKKA CITY, FL 34251

Current Mailing Address:

PO BOX 513
MYAKKA CITY, FL 34251 US

FEI Number: 83-3351508

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

VAN NOSTRAND, HOWARD R
324 WABASH TERRACE
PORT CHARLOTTE, FL 33954 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 VAN NOSTRAND, HOWARD R
Address PO BOX 513
City-State-Zip: MYAKKA CITY FL 34251

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: DR. HOWARD VAN NOSTRAND DC

OWNER

02/24/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date