

**2022 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:** No

**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

OWNER

02/18/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date