

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000194702

Entity Name: DR. PRICE CHIROPRACTIC AND SPORTS MEDICINE LLC

Current Principal Place of Business:

3099 S. DIXIE HWY
APT 309
WEST PALM BEACH, FL 33405

Current Mailing Address:

3099 S. DIXIE HWY
APT 309
WEST PALM BEACH, FL 33405 US

FEI Number: 84-2701728

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PRICE, RYAN M DR
3099 S. DIXIE HWY
APT 309
WEST PALM BEACH, FL 33405 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: RYAN PRICE

04/08/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name PRICE, RYAN M DR
Address 3099 S. DIXIE HWY
APT 309
City-State-Zip: WEST PALM BEACH FL 33405

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: RYAN PRICE

OWNER, MGR

04/08/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date