

**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