

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000194702

Entity Name: DR. PRICE CHIROPRACTIC AND SPORTS MEDICINE LLC

Current Principal Place of Business:

809 LUCERNE AVE
LAKE WORTH, FL 33460

Current Mailing Address:

809 LUCERNE AVE
LAKE WORTH, FL 33460 US

FEI Number: 84-2701728

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PRICE, RYAN M
6550 COLUMBIA AVE
LAKE WORTH, FL 33467 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

01/08/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|---------------------|-----------------|---------------------------|
| Title | MGR | Title | AUTHORIZED REPRESENTATIVE |
| Name | PRICE, RYAN M DR | Name | PRICE, HEATHER |
| Address | 6550 COLUMBIA AVE | Address | 6550 COLUMBIA AVE |
| City-State-Zip: | LAKE WORTH FL 33467 | City-State-Zip: | LAKE WORTH FL 33467 |

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

MGR

01/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date