

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000297502

**Entity Name:** ALPHA CARE SPORTS CHIROPRACTIC AND FUNCTIONAL  
MEDICINE LLC

**Current Principal Place of Business:**

1133 INDUSTRIAL DR  
CRESTVIEW, FL 32539

**Current Mailing Address:**

1133 INDUSTRIAL DR  
CRESTVIEW, FL 32539 US

**FEI Number: 87-1540571**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

DUNN, KRISTIAN E P.A.  
235 E. VIRGINIA ST.  
TALLAHASSEE, FL 32301 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 AR  
Name RIZZO, GABRIEL F DC  
Address 1133 INDUSTRIAL DR  
City-State-Zip: CRESTVIEW FL 32539

*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: GABRIEL FRANCIS RIZZO**

**AR**

**04/01/2025**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date