

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L21000309550

**Entity Name:** KIM THAI CHIROPRACTIC, LLC

**Current Principal Place of Business:**

9789 WEST SAMPLE ROAD  
CORAL SPRING, FL 33065

**Current Mailing Address:**

PO BOX 835452  
MIAMI, FL 33283-9998 US

**FEI Number:** 87-1562375

**Certificate of Status Desired:** No

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

KDM FINANCIAL SERVICES INC  
4400 N. FEDERAL HWY  
BOCA RATON, FL 33431 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:** MICHAEL GOLDBERG

03/11/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            MANAGER  
Name            THAI, HOA KIM DR.  
Address        PO BOX 835452  
City-State-Zip: MIAMI FL 33283-9998

Title            MANAGER  
Name            HARRIS, JOSEPH  
Address        PO BOX 835452  
City-State-Zip: MIAMI FL 33283-9998

*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:** HOA THAI

OWNER

03/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date