

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000286842

Entity Name: PRISM CHIROPRACTIC AND WELLNESS CENTER, L.L.C.

Current Principal Place of Business:

2200 NE 26TH ST
UNIT W
WILTON MANORS, FL 33305

Current Mailing Address:

2200 NE 26TH ST
UNIT W
WILTON MANORS, FL 33305 US

FEI Number: 88-2971434

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DOMINIQUE, PARKER CLIVE DR.
2200 NE 26TH ST
UNIT W
WILTON MANORS, FL 33305 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: PARKER DOMINIQUE

01/15/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title DR
Name DOMINIQUE, PARKER
Address 2200 NE 26TH ST
UNIT A
City-State-Zip: WILTON MANORS 33305

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: PARKER DOMINIQUE

DC

01/15/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date