2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2023
Secretary of State
6881279059CC

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Entity Name: SOUTH CHIROPRACTIC INJURY CENTER, LLC

Current Principal Place of Business:

811 WEST OAKRIDGE RD, STE #B
ORLANDO, FL 32809

Current Mailing Address:

811 WEST OAK RIDGE RD, STE. #B
ORLANDO, FL 32809

FEI Number: 92-0960525

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MACHARA, KATHERINE
374 BLYTHVILLE AVE
DELTONA, FL 32725 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	MGR
Name	MACHARA, KATHERINE
Address	374 BLYTHVILLE AVE
City-State-Zip:	DELTONA FL 32725

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: KATHERINE MACHARA DC 04/12/2023

Electronic Signature of Signing Authorized Person(s) Detail — Date