

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000187035

Entity Name: VERTICAL CHIROPRACTIC OF FLORIDA, PLLC

Current Principal Place of Business:

1517 STATE STREET
STE 102
SARASOTA, FL 34236

Current Mailing Address:

1517 STATE STREET
STE 102
SARASOTA, FL 34236 US

FEI Number: 92-3594049

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FANO, ROBERT R
1001 RIVERSIDE DR STE 240
PALMETTO, FL 34221 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 FANO, ROBERT R
Address 1001 RIVERSIDE DR STE 240
City-State-Zip: PALMETTO FL 34221

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: ROBERT FANO

MEMBER

03/18/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date