

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000001929

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** QUANTUM CHIROPRACTIC, LLC

**Current Principal Place of Business:**

2565 N. HIATUS RD.  
COOPER CITY, FL 33026 US

**New Principal Place of Business:**

**Current Mailing Address:**

2565 N. HIATUS RD.  
COOPER CITY, FL 33026 US

**New Mailing Address:**

**FEI Number:** 26-3985067

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SILVA'S FINANCIAL SERVICES, LLC.  
5220 S UNIVERSITY DR  
SUITE C-102  
DAVIE, FL 33328 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** RODRIGUEZ, ENRIQUE  
**Address:** 1730 NW 122 TERRACE  
**City-St-Zip:** PEMBROKE PINES, FL 33026 US

**Title:** MGR  
**Name:** SARCOS, WINDALYS  
**Address:** 1730 NW 122 TERRACE  
**City-St-Zip:** PEMBROKE PINES, FL 33026 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** ENRIQUE RODRIGUEZ

MGRM

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date