

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000046366

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** CMA CHIROPRACTIC CENTER LLC

**Current Principal Place of Business:**

3301 NE 1ST AVE APT 2515  
MIAMI, FL 33137

**New Principal Place of Business:**

4618 NW 109TH COURT  
DORAL, FL 33178

**Current Mailing Address:**

3301 NE 1ST AVE APT 2515  
MIAMI, FL 33137

**New Mailing Address:**

PO BOX 527346  
MIAMI, FL 33152

FEI Number: 27-2515912

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

RIVAS, CAROLINA  
3301 NE 1ST AVE APT 2515  
MIAMI, FL 33137 US

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

RIVAS, CAROLINA  
4618 NW 109TH COURT  
MIAMI, FL 33178 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: \_\_\_\_\_

04/30/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RIVAS, CAROLINA  
Address: PO BOX 527346  
City-St-Zip: MIAMI, FL 33152

Title: MGRM  
Name: DE AVILA, ANDRES  
Address: PO BOX 527346  
City-St-Zip: MIAMI, FL 33152

Title: MGR  
Name: RIVAS, MIGUEL  
Address: PO BOX 527346  
City-St-Zip: MIAMI, FL 33152

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: ANDRES DE AVILA \_\_\_\_\_

MGRM

04/30/2011

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