

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000130742

**FILED  
Apr 28, 2014  
Secretary of State  
CC8309501551**

**Entity Name:** ADVANCED CHIROPRACTIC HEALTH AND AWARENESS CENTER, LLC

**Current Principal Place of Business:**

860 111TH AVE. N  
SUITE #7  
NAPLES, FL 34108

**Current Mailing Address:**

860 111TH AVE N  
SUITE #7  
NAPLES, FL 34108

**FEI Number: 45-3822797**

**Certificate of Status Desired: No**

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

RUSH, ROBERT E  
14750 INDIGO LAKES CIRCLE  
NAPLES, FL 34119 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	MGRM	Title	MGRM
Name	BERGTOLD, MATTHEW R	Name	BERGTOLD, RITA L
Address	4313 19TH PLACE SW	Address	19TH PLACE SW
City-State-Zip:	NAPLES FL 34116	City-State-Zip:	NAPLES FL 34116

*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: MATTHEW BERGTOLD**

**MANAGING MEMBER**

**04/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date