

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000130742

**FILED
Apr 30, 2013
Secretary of State
CC9026441745**

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MATTHEW BERGTOLD

MGRM

04/30/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date