2010 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A04000001819

MONAHAN, MARTIN M

419 ANASTASIA BLVD.

ST. AUGUSTINE, FL 32080

Name: Address:

City-St-Zip:

Entity Name: CHIROPRACTIC MANAGEMENT, LTD.

FILED Apr 08, 2010 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
419 ANAS	K V. MONAHAI TASIA BLVD. STINE, FL 320				
Current Mailing Address:			New Mailing Address:		
419 ANAS	K V. MONAHAI TASIA BLVD. STINE, FL 320				
FEI Number:	20-1901480	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
4000 HOLL	ROBERT M LYWOOD BLVE OOD, FL 33021	D., STE. 485 SOUTH US			
The above in the State		ubmits this statement for the p	ourpose of changing its registered	office or registered agent, or both	
SIGNATUR	RE:				
	Electroni	c Signature of Registered Age	ent	Date	
GENERAL PARTNER INFORMATION:			ADDRESS CHANGES ONLY:		
Document #: Name: Address: City-St-Zip: Document #:	MONAHAN, CLA 419 ANASTASIA ST. AUGUSTINE	BLVD.	Address: City-St-Zip:		

Address:

City-St-Zip:

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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: CLARK V MONAHAN GP 04/08/2010