

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009909

FILED
Feb 20, 2011
Secretary of State

Entity Name: STEVENS FAMILY CHIROPRACTIC, P.L.

Current Principal Place of Business:

14090 METROPOLIS AVENUE
UNIT 101
FORT MYERS, FL 339124451

New Principal Place of Business:

Current Mailing Address:

14090 METROPOLIS AVENUE
UNIT 101
FORT MYERS, FL 339124451

New Mailing Address:

FEI Number: 65-1032245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS, LINDA
1225 KITTIWAKE CIRCLE
SANIBEL, FL 33957 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: STEVENS, LINDA
Address: 1225 KITTIWAKE CIRCLE
City-St-Zip: SANIBEL, FL 33957

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: LINDA STEVENS

MGRN

02/20/2011

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