2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

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Entity Name: CASSARA CHIROPRACTIC CENTER, P.L.C.

Current Principal Place of Business:

1255 37TH STREET
SUITE B
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

1255 37TH STREET
SUITE B
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 59-2046845 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASSARA, SAMUEL
1255 37TH STREET
SUITE B
VERO BEACH, FL 32960 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: CASSARA, SAMUEL J
Address: 1255 37TH STREET SUITE B
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM
Name: ADMAS, LINDA
Address: 1255 37TH STREET SUITE B
City-St-Zip: VERO BEACH, FL 32960

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 Statues.

SIGNATURE: SAMUEL J. CASSARA OWNE 04/28/2011

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