2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2012
Secretary of State

DOCUMENT# L01000005458

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:

2175 20TH STREET
SUITE B
VERO BEACH, FL 32960

Current Mailing Address:

1255 37TH STREET
SUITE B
VERO BEACH, FL 32960

New Mailing Address:

PO BOX 966
VERO BEACH, FL 32961 09

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:

CASSARA, SAMUEL
2175 20TH STREET
SUITE B
VERO BEACH, FL 32960 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: SAMUEL J CASSARA 02/08/2012
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CASSARA, SAMUEL J
Address: 2175 20TH STREET SUITE B
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM
Name: ADMAS CASSARA, LINDA
Address: 2175 20TH 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 OWNR 02/08/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date