

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013563

FILED
Jan 20, 2010
Secretary of State

Entity Name: MAURICIO CHIROPRACTIC NORTH LLC

Current Principal Place of Business:

4747 S. CONWAY ROAD, SUITE A
ORLANDO, FL 32812

New Principal Place of Business:

Current Mailing Address:

4747 S. CONWAY ROAD, SUITE A
ORLANDO, FL 32812

New Mailing Address:

FEI Number: 02-0617688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD, MATHENY & EAGAN, P.A.
801 N. MAGNOLIA AVENUE, SUITE 201
ORLANDO, FL 32802 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: MAURICIO, JOSE J
Address: 4747 S. CONWAY ROAD, SUITE A
City-St-Zip: ORLANDO, FL 32812

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: PAULA CANALES

MANA

01/20/2010

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