2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2010
Secretary of State

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Entity Name: HELPING HANDS CHIROPRACTIC CENTER, LC

Current Principal Place of Business:

4400 NW 23RD AVE., SUITE D
GAINESVILLE, FL 326066562

New Principal Place of Business:

Current Mailing Address:

4400 NW 23RD AVE., SUITE D
GAINESVILLE, FL 326066562

New Mailing Address:

FEI Number: 13-4203853 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FAAS, MICHAEL A
4400 NW 23RD AVENUE
GAINESVILLE, FL 326066562 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: MGR
Name: FAAS, MICHAEL A
Address: 4400 NW 23RD AVE.
City-St-Zip: GAINESVILLE, FL 32606

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: DR. MICHAEL A. FAAS MNGR 01/06/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date