

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017181

FILED
Mar 13, 2012
Secretary of State

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 ()

Name and Address of Current Registered Agent:

FAAS, MICHAEL A
4400 NW 23RD AVENUE
SUITE D
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 Statutes.

SIGNATURE: MICHAEL A. FAAS

MGR

03/13/2012

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