

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 04, 2011
Secretary of State

Entity Name: FINNIE CHIROPRACTIC CENTER LLC

Current Principal Place of Business:

1130 SOUTH SEMORAN BOULEVARD
SUITE E
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

1130 SOUTH SEMORAN BOULEVARD
SUITE E
ORLANDO, FL 32807

New Mailing Address:

FEI Number: 48-1278962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARNOLD, MATHEY & EAGAN, P.A.
801 N. MAGNOLIA AVENUE STE. 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: MGR
Name: FINNIE, JAMES DC
Address: 10036 RIVER GLEN CT.
City-St-Zip: ORLANDO, FL 32825

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: JAMES D. FINNIE, D.C.

MGR

03/04/2011

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