

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000013625

**FILED**  
**Jan 14, 2010**  
**Secretary of State**

**Entity Name:** FAMILY FIRST CHIROPRACTIC, LLC

**Current Principal Place of Business:**

28340 TRAILS EDGE BLVD., G3  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

28340 TRAILS EDGE BLVD., G3  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

**FEI Number:** 59-2536541

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLER, JOEL DR  
21857 RAINBOW LAKE CT.  
ESTERO, FL 33928 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: MILLER, KAREN S  
Address: 28340 TRAILS EDGE BLVD. G3  
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: MGR  
Name: MILLER, JOEL S DR.  
Address: 21857 RAINBOW LAKE CT  
City-St-Zip: ESTERO, FL 33928 US

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: KAREN MILLER

OM

01/14/2010

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