2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# L03000035391

Entity Name: CORRECTIVE CARE CHIROPRACTIC, LLC

Current Principal Place of Business:

4517 26TH ST. W.
BRADENTON, FL 34207

New Principal Place of Business:

Current Mailing Address:

4517 26TH ST. W.
BRADENTON, FL 34207

New Mailing Address:

4517 26TH ST. W.
BRADENTON, FL 34207

FEI Number: 20-0756268 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JAY, TIMOTHY G
4517 26TH ST W
BRADENTON, FL 34207 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 ( ) Delete
Name: JAY, TIMOTHY G DR
Address: 2407 COURTNEY MEADOWS CT.#204
City-St-Zip: TAMPA, FL 33619 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: TIMOTHY JAY, D.C. MGRM 03/09/2009

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