

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035391

FILED
Jan 04, 2012
Secretary of State

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:

FEI Number: 20-0756268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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
Name: JAY, TIMOTHY G DR
Address: 7129 COLONY POINTE DR.
City-St-Zip: RIVERVIEW, FL 33578 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: TIMOTHY JAY

MGR

01/04/2012

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