

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000039017

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** MAURICIO CHIROPRACTIC SOUTH LLC

**Current Principal Place of Business:**

12720 S. ORANGE BLOSSOM TRAIL  
SUITE 20  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

625 S. RONALD REAGAN BLVD  
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number:** 05-0589556

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARNOLD, MATHENY & EAGAN, P.A.  
801 N. MAGNOLIA AVE., 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: MGRM  
Name: MAURICIO, JOSE J  
Address: 4747 S CONWAY RD STE A  
City-St-Zip: ORLANDO, FL 32812

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: JOSE J. MAURICIO

DR

01/13/2011

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