2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000015712

Entity Name: WESLEY CHAPEL CHIROPRACTIC, LLC

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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27210 FOAMFLOWER BLVD. 27210 FOAMFLOWER BLVD. WESLEY CHAPLE, FL 33544 WESLEY CHAPEL, FL 33544

Current Mailing Address: New Mailing Address:

27210 FOAMFLOWER BLVD. 27210 FOAMFLOWER BLVD. WESLEY CHAPLE, FL 33544 WESLEY CHAPEL, FL 33544

FEI Number: 59-3326310 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

REDWOOD, WAYNE
27210 FOAMFLOWER BLVD.
WESLEY CHAPLE, FL 33544 US
REDWOOD, WAYNE
27210 FOAMFLOWER BLVD.
WESLEY CHAPLE, FL 33544 US

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: WAYNE REDWOOD 04/17/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 REDWOOD, WAYNE
 Name:

 Address:
 27212 FOAMFLOWER BLVD
 Address:

 City-St-Zip:
 WESLEY CHAPEL, FL 33544
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 REDWOOD, ALIYA
 Name:

 Address:
 27210 FOAM FLOWER BLVD
 Address:

 City-St-Zip:
 WESLEY CHAPEL, FL 33544
 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: ALIYA REDWOOD MGR 04/17/2009