

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013696

FILED
Apr 12, 2006
Secretary of State

Entity Name: ACHIEVING WELLNESS CHIROPRACTIC CENTER, LLC

Current Principal Place of Business:

117 NW BERKELEY AVENUE
PORT ST. LUCIE, FL 34986 US

New Principal Place of Business:

776 W MIDWAY RD
FT. PIERCE, FL 34982 US

Current Mailing Address:

117 NW BERKELEY AVENUE
PORT ST. LUCIE, FL 34986 US

New Mailing Address:

776 W MIDWAY RD
FT PIERCE, FL 34982 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, KERRI E
117 NW BERKELEY AVENUE
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

WARD, KERRI E
776 W MIDWAY RD
FT. PIERCE, FL 34982 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: KERRI E. WARD

04/12/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WARD, KERRI E
Address: 117 NW BERKELEY AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WARD, KERRI E
Address: 776 W MIDWAY RD
City-St-Zip: FT PIERCE, FL 34982 US

I hereby certify that the information supplied with this filing does not qualify for the 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: KERRI E. WARD

MGR

04/12/2006

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