

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019125

FILED
Feb 16, 2011
Secretary of State

Entity Name: NATURE COAST CHIROPRACTIC CLINIC, L.L.C.

Current Principal Place of Business:

5160 MARINER BLVD
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

5160 MARINER BLVD
SPRING HILL, FL 34609

New Mailing Address:

FEI Number: 34-2038027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSS, MICHAEL B
5160 MARINER BLVD
SPRING HILL, FL 34609 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: MOSS, MICHAEL B
Address: 10370 WOODLAND WATERS BLVD
City-St-Zip: BROOKSVILLE, FL 34613

Title: MGRM
Name: MOSS, DARYL L
Address: 10155 HOOVER ST.
City-St-Zip: SPRING HILL, FL 34608

Title: MGRM
Name: RHONDA, GAROFANO
Address: 10109 CHERRYHILL PL
City-St-Zip: SPRING HILL, FL 34608

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: RHONDA GAROFANO

MGRM

02/16/2011

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