

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000057118

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** SOTO CHIROPRACTIC & PHYSICAL THERAPY CENTERS, LLC

**Current Principal Place of Business:**

GLADES CHIROPRACTIC CENTER  
1100 S. MAIN STREET  
BELLE GLADE, FL 33430 US

**New Principal Place of Business:**

**Current Mailing Address:**

1550 CARRIAGE BROOKE DR.  
WELLINGTON, FL 334146120 US

**New Mailing Address:**

13603 ISHNALA CIRLCE  
WELLINGTON, FL 33414 US

**FEI Number:** 11-3752023

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOTO, MANUEL L III  
1550 CARRIAGE BROOKE DRIVE  
WELLINGTON, FL 334146120 US

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

SOTO, MANUEL L III  
13603 ISHNALA CIRLCE  
WELLINGTON, FL 33414 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: MANUEL L. SOTO

04/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SOTO, MANUEL L III  
Address: 13603 ISHNALA CIRLCE  
City-St-Zip: WELLINGTON, FL 33414 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: MANUEL L. SOTO

MGR

04/18/2011

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