

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057118

FILED
Apr 26, 2012
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:

13603 ISHNALA CIRLCE
WELLINGTON, FL 33414 US

New Mailing Address:

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
13603 ISHNALA CIRLCE
WELLINGTON, FL 33414 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: 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

OWNE

04/26/2012

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