

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096963

FILED
May 01, 2010
Secretary of State

Entity Name: FLORIDA CHIROPRACTIC LLC

Current Principal Place of Business:

693 SW PORT ST. LUCIE BLVD.
PORT ST LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

693 SW PORT ST. LUCIE BLVD.
PORT ST LUCIE, FL 34953

New Mailing Address:

FEI Number: 20-3590880 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KELLY, MICHAEL
693 SW PORT ST. LUCIE BLVD.
PORT ST LUCIE, FL 34953 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: KELLY, MICHAEL T DC
Address: 693 SW PORT ST. LUCIE BLVD.
City-St-Zip: PORT ST LUCIE, FL 34953

Title: MGRM
Name: MAIER, MARK S DC
Address: 693 SW PORT ST. LUCIE BLVD.
City-St-Zip: PORT ST LUCIE, FL 34953

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: MICHAEL T KELLY

MGRM

05/01/2010

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