2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: CARLE CHIROPRACTIC CLINIC, PLLC

Current Principal Place of Business:

5664 BEE RIDGE ROAD
100
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

5664 BEE RIDGE ROAD
100
SARASOTA, FL 34233

New Mailing Address:

5664 BEE RIDGE RD.
#100
SARASOTA, FL 34233

FEI Number: 20-3992415 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, JOHN L
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

MOORE, JOHN L
200 S ORANGE AVE
SARASOTA, FL 34239 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: 01/09/2010
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: CARLE, KENNETH
Address: 5664 BEE RIDGE RD.
City-St-Zip: SARASOTA, FL 34233

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 Statues.

SIGNATURE: KENNETH CARLE MGR 01/09/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date