2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2011
Secretary of State

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Entity Name: BRUCE CHIROPRACTIC AND COMPREHENSIVE CARE, PLLC

Current Principal Place of Business:

2135 S.W. 19TH AVENUE ROAD, SUITE 101
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

2135 S.W. 19TH AVENUE ROAD, SUITE 101
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 20-4042016 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRUCE, MICHAEL P
2135 S.W. 19TH AVENUE ROAD, SUITE 101
OCALA, FL 34471 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: BRUCE, MICHAEL P
Address: 1921 S.E. 5TH STREET
City-St-Zip: OCALA, FL 34471 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 Statues.

SIGNATURE: MICHAEL P. BRUCE MGRM 02/14/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date