

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005225

FILED
Feb 16, 2010
Secretary of State

Entity Name: FLORIDA CHIROPRACTIC AND REHABILITATION CLINICS, P.L.

Current Principal Place of Business:

3540 S OSPREY AVE
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

3540 S OSPREY AVE
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 20-4111078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSENBERG, DAVID H ESQ.
6151 LAKE OSPREY DRIVE
THIRD FLOOR, SUITE 338
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

ROSENBERG, DAVID H ESQ.
1626 RINGLING BLVD
FIFTH FLOOR, SUITE 500
SARASOTA, FL 34236 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

02/16/2010

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: WINTERS, JARED A
Address: 1700 ALTA VISTA ST.
City-St-Zip: SARASOTA, FL 34236

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: DR. J. WINTERS

MGRM

02/16/2010

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