2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

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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 (X)**

Name and Address of Current Registered Agent:

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

SIGNATURE: JARED WINTERS MGRM 02/17/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date