

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005225

FILED
Feb 07, 2012
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.
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 Statutes.

SIGNATURE: J WINTERS

MGRM

02/07/2012

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