

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000015023

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** DAVID CHIROPRACTIC LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

1623 US HWY 1  
B6  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

1623 US HWY 1  
B6  
SEBASTIAN, FL 32958

**New Mailing Address:**

**FEI Number:** 43-2094902      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVID, MICHAEL D  
320 39TH CT  
VERO BEACH, FL 32968      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:** MGR  
**Name:** DAVID, MICHAEL D  
**Address:** 320 39TH CT  
**City-St-Zip:** VERO BEACH, FL 32968

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: MICHAEL DAVID      DR.      03/31/2010

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