

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036628

FILED
Apr 22, 2011
Secretary of State

Entity Name: EQUALIGN CHIROPRACTIC SYSTEMS LLC

Current Principal Place of Business:

601 AVE. B NW
WINTER HAVEN, FL 33881

New Principal Place of Business:

600 POPE AVE.
APT. #2
WINTER HAVEN, FL 33881

Current Mailing Address:

10 BRICK SCHOOL DRIVE
WEST REDDING, CT 06896

New Mailing Address:

FEI Number: 83-0454728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUNDQUIST, DAVID DC
601 AVE. B NW
WINTER HAVEN, FL 33881 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: LUNDQUIST, DAVID DC
Address: 601 AVE. B NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: MGRM
Name: COREN, WENDY DC
Address: 10 BRICK SCHOOL DR.
City-St-Zip: WEST REDDING, CT 06896

Title: MGRM
Name: COREN, DUSTIN S
Address: 405 E. MICHIGAN
City-St-Zip: URBANA, IL 61801

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: DAVID LUNDQUIST

MGR

04/22/2011

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