

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036628

FILED
Apr 30, 2012
Secretary of State

Entity Name: EQUALIGN CHIROPRACTIC SYSTEMS LLC

Current Principal Place of Business:

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

New Principal Place of Business:

3730 OLD LIGHTHOUSE CR
WELLINGTON, FL 33414

Current Mailing Address:

10 BRICK SCHOOL DRIVE
WEST REDDING, CT 06896

New Mailing Address:

3730 OLD LIGHTHOUSE CR
WELLINGTON, FL 33414

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:

LUNDQUIST, DAVID DC
3730 OLD LIGHTHOUSE CR
WELLINGTON, FL 33414 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: DAVID LUNDQUIST

04/30/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: LUNDQUIST, DAVID DC
Address: 3730 OLD LIGHTHOUSE CR
City-St-Zip: WELLINGTON, FL 33414

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

CFO

04/30/2012

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