2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2011
Secretary of State

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Entity Name: RIVERA FAMILY CHIROPRACTIC CENTER L.L.C.

Current Principal Place of Business:

4918 CAINS WREN TR
SANFORD, FL 32771

New Principal Place of Business:

804 FRENCH AVE.
SANFORD, FL 32771

Current Mailing Address:

4918 CAINS WREN TR
SANFORD, FL 32771

New Mailing Address:

804 FRENCH AVE.
SANFORD, FL 32771

FEI Number: 20-5024626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GEORGE, TRAVATO
1709 PROVIDENCE BLVD.
DELTONA, FL 32725 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: RIVERA, ALICIA A
Address: 804 FRENCH AVE.
City-St-Zip: SANFORD, FL 32771

Title: MGR
Name: RIVERA, OMAR M SR.
Address: 804 FRENCH AVE.
City-St-Zip: SANFORD, FL 32771

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: OMAR M. RIVERA MGR 01/14/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date