2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2012
Secretary of State

DOCUMENT# L06000061935

Entity Name: CHIROPRACTIC CARE AND REHAB CENTER, LLC

Current Principal Place of Business:

9250 CORKSCREW RD., SUITE 4
ESTERO, FL 33928 US

New Principal Place of Business:

Current Mailing Address:

9250 CORKSCREW RD., SUITE 4
ESTERO, FL 33928 US

New Mailing Address:

FEI Number: 20-5022945 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIROUX, DAVID W
19123 VINTAGE TRACE CIRCLE
FT. MYERS, FL 33967 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: GIROUX GREEN, MICHELLE M D.C.
Address: 21621 BELLA TERRA BLVD
City-St-Zip: ESTERO, FL 33928 US

Title: MGR
Name: GREEN, CHRISTOPHER M D.C.
Address: 21621 BELLA TERRA BLVD
City-St-Zip: ESTERO, FL 33928 US

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: MICHELLE GIROUX GREEN MGR 04/11/2012

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