

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067097

FILED
Apr 30, 2009
Secretary of State

Entity Name: ARCIOM CHIROPRACTIC CLINIC, LLC

Current Principal Place of Business:

115 EAST GRANADA BLVD.
SUITE 2
ORMOND BEACH, FL 32176

New Principal Place of Business:

115 EAST GRANADA BLVD.
SUITE 03
ORMOND BEACH, FL 32176

Current Mailing Address:

115 EAST GRANADA BLVD.
SUITE 2
ORMOND BEACH, FL 32176

New Mailing Address:

115 EAST GRANADA BLVD.
SUITE 03
ORMOND BEACH, FL 32176

FEI Number: 84-1714489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCIOM, MARY JO
115 EAST GRANADA BLVD.
SUITE 2
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

ARCIOM, MARY JO
115 EAST GRANADA BLVD.
SUITE 03
ORMOND BEACH, FL 32176 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:

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ARCIOM, MARY JO
Address: 115 EAST GRANADA BLVD., SUITE 2
City-St-Zip: ORMOND BEACH, FL 32176 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ARCIOM, MARY JO
Address: 115 EAST GRANADA BLVD., SUITE 03
City-St-Zip: ORMOND BEACH, FL 32176 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARY JO ARCIOM

OWNR

04/30/2009

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