

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067097

FILED
May 01, 2010
Secretary of State

Entity Name: ARCIOM CHIROPRACTIC CLINIC, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

115 EAST GRANADA BLVD.
SUITE 04
ORMOND BEACH, FL 32176

Current Mailing Address:

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

New Mailing Address:

115 EAST GRANADA BLVD.
SUITE 04
ORMOND BEACH, FL 32176

FEI Number: 84-1714489 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ARCIOM, MARY JO DC
115 EAST GRANADA BLVD.
SUITE 04
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: MARY JO ARCIOM DC

05/01/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ARCIOM, MARY JO DC
Address: 115 EAST GRANADA BLVD., SUITE 04
City-St-Zip: ORMOND BEACH, FL 32176 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 Statutes.

SIGNATURE: MARY JO ARCIOM DC

MGRM

05/01/2010

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