2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2011
Secretary of State

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Entity Name: ARCIOM CHIROPRACTIC CLINIC, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

SIGNATURE: MARY JO ARCIOM DC MGRM 04/26/2011

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