

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000067097

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**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: MGM  
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

MGM

04/25/2012

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