

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000080145

FILED
Apr 30, 2012
Secretary of State

Entity Name: BETTER CARE CHIROPRACTIC CENTER, LLC.

Current Principal Place of Business:

2834 N HIAWASSEE ROAD
ORLANDO, FL 32818 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 681118
ORLANDO, FL 32868

New Mailing Address:

FEI Number: 20-5375149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOSEPH, MARTINE
2834 HIAWASSEE RD
ORLANDO, FL 32818 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: MENARD, LANDRY
Address: P.O. BOX 681118
City-St-Zip: ORLANDO, FL 32868 US

Title: MGRM
Name: JOSEPH, MARTINE
Address: 1325 BRANCH HILL CT
City-St-Zip: APOPKA, FL 32712 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: MARTINE JOSEPH

MGRM

04/30/2012

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