

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000082788

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Entity Name:** VOGT CHIROPRACTIC, PLC

**Current Principal Place of Business:**

1410 W. BROADWAY STREET  
STE 101  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

1410 W. BROADWAY STREET  
STE 101  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 59-3225672

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZOBEL, HALLIE L ESQ.  
159 LOOKOUT PLACE SUITE 101  
ESTATE PLANNING AND LEGACY LAW CENTER PLC  
MAITLAND, FL 327514466 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: VOGT, MICHAEL E  
Address: 1410 W. BROADWAY STREET SUITE 101  
City-St-Zip: OVIEDO, FL 32765

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: MICHAEL E. VOGT

MGR

03/18/2010

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