2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L06000087260

Entity Name: 210 FAMILY CHIROPRACTIC CENTER, L.L.C.

Current Principal Place of Business:

163-4 HAMPTON POINT DR.
SAINT AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

163-4 HAMPTON POINT DR.
SAINT AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 20-5500924 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLIVEIRA, AGOSTINHO M
3412 S. SAXXON RD.
SAINT AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

OLIVEIRA, AGOSTINHO M
747 E. DORCHESTER DR.
SAINT JOHNS, FL 32259 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: AGOSTINHO OLIVEIRA 04/14/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: OLIVEIRA, AGOSTINHO M
Address: 3412 S. SAXXON RD.
City-St-Zip: SAINT AUGUSTINE, FL 32092

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: OLIVEIRA, AGOSTINHO M
Address: 747 E. DORCHESTER DR.
City-St-Zip: SAINT JOHNS, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: AGOSTINHO OLIVEIRA CEO 04/14/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date