

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087260

FILED
May 27, 2010
Secretary of State

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 ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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: AGOSTINHO OLIVEIRA

CEO

05/27/2010

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