2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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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:

163 HAMPTON POINT DR.
SUITE4
SAINT AUGUSTINE, FL 32092

Current Mailing Address:

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

New Mailing Address:

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

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
747 E. DORCHESTER DR.
SAINT JOHNS, FL 32259 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: 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 Statues.

SIGNATURE: AGOSTINHO OLIVEIRA CEO 04/18/2011

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