

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101278

FILED
Jan 15, 2009
Secretary of State

Entity Name: CARTER CHIROPRACTIC AND WELLNESS, L.L.C.

Current Principal Place of Business:

1890 SW HEALTH PARKWAY
SUITE 204
NAPLES, FL 34109 US

New Principal Place of Business:

2180 IMMOKALEE ROAD
SUITE 206
NAPLES, FL 34110 US

Current Mailing Address:

181 GRAND OAKS WAY APT. 201
NAPLES, FL 34110

New Mailing Address:

2180 IMMOKALEE ROAD
SUITE 206
NAPLES, FL 34110 US

FEI Number: 20-5764299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JANKOWSKI, SUSAN M
181 GRAND OAKS WAY APT. 201
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

CARTER, SUSAN M
181 GRAND OAKS WAY APT. 201
NAPLES, FL 34110 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: SUSAN M. CARTER

01/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JANKOWSKI, SUSAN M
Address: 181 GRAND OAKS WAY APT. 201
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CARTER, SUSAN M
Address: 181 GRAND OAKS WAY APT. 201
City-St-Zip: NAPLES, FL 34110

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: SUSAN M. CARTER

MGRM

01/15/2009

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