

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000101278

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

2180 IMMOKALEE ROAD  
SUITE 206  
NAPLES, FL 34110 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 IMMOKALEE ROAD  
SUITE 206  
NAPLES, FL 34110 US

**New Mailing Address:**

**FEI Number:** 20-5764299      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

CARTER, SUSAN M  
181 GRAND OAKS WAY APT. 201  
NAPLES, FL 34110 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:** MGRM  
**Name:** CARTER, SUSAN M  
**Address:** 181 GRAND OAKS WAY APT. 201  
**City-St-Zip:** NAPLES, FL 34110

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: SUSAN M CARTER      DR.      04/05/2010

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