

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107062

FILED
Apr 08, 2009
Secretary of State

Entity Name: GENUINE CARE CHIROPRACTIC, LLC

Current Principal Place of Business:

1803 BOULEVARD STREET
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

Current Mailing Address:

1803 BLVD ST
JACKSONVILLE, FL 32206 US

New Mailing Address:

3588 PEBBLE PATH LANE
JACKSONVILLE, FL 32224 US

FEI Number: 20-5837745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMALL BUSINESS ASSOCIATES INC
4070 HERSCHEL ST
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

CABIGTING, RICHIE DR.
3588 PEBBLE PATH LANE
JACKSONVILLE, FL 32224 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: RICHIE CABIGTING

04/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CABIGTING, RICHIE
Address: 1803 BOULEVARD ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CABIGTING, RICHIE DR.
Address: 3588 PEBBLE PATH LANE
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM () Change (X) Addition
Name: RUEDAS, BEETHOVEN T DR.
Address: 4231 SNOWDON LANE
City-St-Zip: JACKSONVILLE, FL 32225

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: RICHIE CABIGTING

MGR

04/08/2009

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