

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107062

FILED
Jan 05, 2010
Secretary of State

Entity Name: GENUINE CARE CHIROPRACTIC, LLC

Current Principal Place of Business:

1755 UNIVERSITY BLVD. WEST
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

Current Mailing Address:

3588 PEBBLE PATH LANE
JACKSONVILLE, FL 32224 US

New Mailing Address:

FEI Number: 20-5837745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CABIGTING, RICHIE DR.
1755 UNIVERSITY BLVD. WEST
JACKSONVILLE, FL 32217 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: CABIGTING, RICHIE DR.
Address: 3588 PEBBLE PATH LANE
City-St-Zip: JACKSONVILLE, FL 32224

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

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: RICHIE CABIGTING

DR

01/05/2010

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