

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000109894

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** AFFORDABLE CHIROPRACTIC MEDICINE JACKSONVILLE, LLC

**Current Principal Place of Business:**

3546 ST. JOHN'S BLUFF ROAD SOUTH  
SUITE 204  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

413 PORPOISE POINT DRIVE  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

FEI Number: 20-5873356

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DR. R. G. PACKO  
252 SOLANA ROAD  
PONTE VEDRA BEACH, FL 32082 US

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

DR. R. G. PACKO  
413 PORPOISE POINT DRIVE  
ST. AUGUSTINE, FL 32084 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: DR. R. G. PACKO

04/28/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PACKO, DR. R G  
Address: 413 PORPOISE POINT DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32084

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: DR. R. G. PACKO

MGR

04/28/2011

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