2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L06000109896

Entity Name: AFFORDABLE CHIROPRACTIC MEDICINE US 1, LLC

Current Principal Place of Business:

145 HILDEN ROAD
SUITE 123
PONTE VEDRA, FL 32081

New Principal Place of Business:

Current Mailing Address:

413 PORPOISE POINT DRIVE
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 20-5873395 **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:

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

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: PACKO, KIMBERLY S MGR
Address: 413 PORPOISE POINT DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32084

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: DR. R. G. PACKO, MANAGING MEMBER MGRM 04/30/2009

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