

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113780

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** PAINTER CHIROPRACTIC CENTER LLC

**Current Principal Place of Business:**

5002 N. FEDERAL HIGHWAY  
LIGHTHOUSE POINT, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

5002 N. FEDERAL HIGHWAY  
LIGHTHOUSE POINT, FL 33064

**New Mailing Address:**

FEI Number: 56-2625796

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PAINTER, JOHN P  
2161 NE 28TH AVENUE  
POMPANO BEACH, FL 33062 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: PAINTER, JOHN P  
Address: 2161 NE 28TH AVE.  
City-St-Zip: POMPANO BEACH, FL 33062

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: JOHN PAINTER

MGR

01/10/2011

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