

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000122751

FILED
Apr 22, 2012
Secretary of State

Entity Name: STUBER CHIROPRACTIC & ACUPUNCTURE, LLC

Current Principal Place of Business:

1530 CELEBRATION BLVD.
SUITE 407
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

1530 CELEBRATION BLVD.
SUITE 407
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 20-8119075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STUBER, JULIE A DR.
1530 CELEBRATION BLVD.
SUITE 407
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

STUBER, DR JULIE A D.C.
1530 CELEBRATION BLVD.
SUITE 407
CELEBRATION, FL 34747 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 JULIE ANN STUBER, DC

04/22/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: STUBER, DR JULIE A D.C.
Address: 1530 CELEBRATION BLVD SUITE 407
City-St-Zip: CELEBRATION, FL 34747

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 JULIE ANN STUBER, DC

MGR

04/22/2012

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