

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000018303

FILED
May 01, 2009
Secretary of State

Entity Name: HANDS ON CHIROPRACTIC PL

Current Principal Place of Business:

2876 SOUTH ALAFAYA TRAIL
STE. 100
ORLANDO, FL 32828 US

New Principal Place of Business:

Current Mailing Address:

2876 SOUTH ALAFAYA TRAIL
STE. 100
ORLANDO, FL 32828 US

New Mailing Address:

FEI Number: 20-8447699 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TAWAN ACCOUNTING & TAX, LLC
13000 AVALON LAKE DRIVE
207
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

AVALON PARK ACCOUNTING
13000 AVALON LAKE DRIVE
207
ORLANDO, FL 32828 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: TAWAN TURNQUEST

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WHITSON, SANDRA L
Address: 2876 SOUTH ALAFAYA TRAIL, STE. 100
City-St-Zip: ORLANDO, FL 32828 US

Title: MGR () Delete
Name: SCHEUPLEIN, BRET G
Address: 2876 SOUTH ALAFAYA TRAIL, STE. 100
City-St-Zip: ORLANDO, FL 32828 US

ADDITIONS/CHANGES:

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

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

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: SANDRA L. WHITSON

MGR

05/01/2009

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