

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000018303

**FILED**  
**May 01, 2010**  
**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:**

AVALON PARK ACCOUNTING  
13000 AVALON LAKE DRIVE  
207  
ORLANDO, FL 32828 US

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

WHITSON, SANDRA L DR  
2876 SOUTH ALAFAYA TRAIL  
SUITE 100  
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: SANDRA L. WHITSON

05/01/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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: SANDRA L WHITSON

MGR

05/01/2010

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