

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000035855

FILED
Jan 12, 2012
Secretary of State

Entity Name: SEXTON FAMILY CHIROPRACTIC, PLLC

Current Principal Place of Business:

4213 COUNTY ROAD 218 W.
SUITE 5
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

4213 COUNTY ROAD 218 W.
SUITE 5
MIDDLEBURG, FL 32068

New Mailing Address:

FEI Number: 59-3839310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEXTON, TIMOTHY L DR
2747 BLANDING BLVD
SUITE 104
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

SEXTON, TIMOTHY L DR
4949 BASIL STREET
MIDDLEBURG, FL 32068 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: TIMOTHY L. SEXTON, D.C.

01/12/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: SEXTON, TIMOTHY L DR.
Address: 4949 BASIL STREET
City-St-Zip: MIDDLEBURG, FL 32068

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: TIMOTHY L. SEXTON, D.C.

MGR

01/12/2012

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