2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2010
Secretary of State

DOCUMENT# L07000049769

Entity Name: NEW SMYRNA BEACH CHIROPRACTIC CLINIC, PLC

Current Principal Place of Business:

665 N. DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

1205 NORTH DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

665 N. DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

1205 NORTH DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168

FEI Number: 26-0146756 **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:

PROKOP, AMANDA
665 N. DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

PROKOP, AMANDA
1205 NORTH DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168 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: AMANDA PROKOP 05/01/2010
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: PROKOP, AMANDA
Address: 1205 NORTH DIXIE FREEWAY
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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 Statues.

SIGNATURE: AMANDA PROKOP MGR 05/01/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date