

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000066817

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Entity Name:** ALABAR CHIROPRACTIC & REHAB CENTER, LLC

**Current Principal Place of Business:**

1224 ALABAR LANE  
CAPE CORAL, FL 339095102

**New Principal Place of Business:**

**Current Mailing Address:**

1224 ALABAR LANE  
CAPE CORAL, FL 339095102

**New Mailing Address:**

**FEI Number:** 26-0451009

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREEN, MISTY D DR  
1224 ALABAR LANE  
CAPE CORAL, FL 339095102 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** KING, WILLIAM M  
**Address:** 1224 ALABAR LANE  
**City-St-Zip:** CAPE CORAL, FL 339095102

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: WILLIAM M KING

MGR

04/23/2011

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