

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000067280

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** CHIEFLAND CHIROPRACTIC CENTER, LLC

**Current Principal Place of Business:**

410 NORTH MAIN STREET  
SUITE 11  
CHIEFLAND, FL 32626 US

**New Principal Place of Business:**

**Current Mailing Address:**

410 NORTH MAIN STREET  
SUITE 11  
CHIEFLAND, FL 32626 US

**New Mailing Address:**

**FEI Number:** 26-0441385

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST. SUITE 500  
ORLANDO, FL 32804 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: DR.  
Name: RICHESON, F. KEITH  
Address: 410 N MAIN STREET SUITE 11  
City-St-Zip: CHIEFLAND, FL 32626 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: FKRICHESON

P

01/06/2010

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