

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000072066

FILED  
Feb 22, 2012  
Secretary of State

**Entity Name:** SYNERGY CHIROPRACTIC AND WELLNESS SOLUTIONS, LLC

**Current Principal Place of Business:**

140 WALLACE ROAD  
NEW SMYRNA BEACH, FL 32168 US

**New Principal Place of Business:**

130 WALLACE ROAD  
NEW SMYRNA BEACH, FL 32168 US

**Current Mailing Address:**

PO BOX 740  
NEW SMYRNA BEACH, FL 32170

**New Mailing Address:**

130 WALLACE ROAD  
NEW SMYRNA BEACH, FL 32168 US

**FEI Number:** 26-0524349

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALSH, DONALD  
140 WALLACE ROAD  
NEW SMYRNA BEACH, FL 32168 US

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

WALSH, DONALD  
130 WALLACE ROAD  
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:

02/22/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGMR  
Name: WALSH III, DONALD B DC  
Address: 130 WALLACE ROAD  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGMR  
Name: WALSH JR, DONALD  
Address: 130 WALLACE ROAD  
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 Statutes.

SIGNATURE: DONALD WALSH JR

MGMR

02/22/2012

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