

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 08, 2011
Secretary of State

Entity Name: FLORIDA CHIROPRACTIC & SPORTS REHAB CENTER DAVIE LLC

Current Principal Place of Business:

20754 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

20754 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180 US

New Mailing Address:

FEI Number: 26-0513771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A.R.S. AND ASSOCIATES INC.
20810 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180 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: MGRM
Name: COOPER, MATTHEW
Address: 3201 NE 183RD STREET # 1807
City-St-Zip: AVENTURA, FL 33160 US

Title: MGR
Name: TESTA, AL
Address: 3581 SIMMS STREET
City-St-Zip: HOLLYWOOD, FL 33021 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: MATTHEW COOPER

MGRM

01/08/2011

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