

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000072205

FILED
Apr 28, 2012
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:

350 NORTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Current Mailing Address:

20754 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180 US

New Mailing Address:

3581 SIMMS STREET
HOLLYWOOD, FL 33021 US

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:

TESTA, ALAN D
3581 SIMMS STREET
HOLLYWOOD, FL 33324 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: ALAN TESTA

04/28/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: TESTA, ALAN
Address: 3581 SIMMS STREET
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: MGRM
Name: COOPER, MATTHEW
Address: 3201 NE 183RD STREET # 1807
City-St-Zip: AVENTURA, FL 33160 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: ALAN TESTA

MGRM

04/28/2012

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