


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90040 025 ***138.75

DOCUMENT # L07000083179	
1. Entity Name ATLAS CHIROPRACTIC & WELLNESS, P.L.	

Principal Place of Business 1009 WEBSTER AVENUE ORLANDO, FL 32804 <i>Change address</i>	Mailing Address C/O MADIGAN LAW FIRM, P.O. BOX 10321 TALLAHASSEE, FLORIDA, 32302
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2. Principal Place of Business - No P.O. Box # 11512 Lake Mead Ave #203	3. Mailing Address 11512 Lake Mead Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. #203

City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32256	Country USA



01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0717930		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent MADIGAN, TERRELL C ESQ. 215 EAST THARPE STREET TALLAHASSEE, FL 32303		
7. Name and Address of New Registered Agent Name: Dr. Jeannie Froman-Bohall Street Address (P.O. Box Number is Not Acceptable) 11512 Lake Mead Ave #203 City: Jacksonville FL Zip Code 32256		

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jeannie Froman-Bohall* *Jeannie Froman-Bohall* *1-9-08*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FROMAN-BOHALL, JEANIE D.C. C/O MADIGAN LAW FIRM, P.O. BOX 10321 TALLAHASSEE, FL 32302 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FROMAN-BOHALL, JEANIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11512 Lake Mead Ave #203 Jacksonville FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Jeannie Froman-Bohall* *Jeannie Froman-Bohall* *1-09-08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

904-005-7697