# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 06, 2009**
**Secretary of State**

DOCUMENT# L07000083179

**Entity Name:** ATLAS CHIROPRACTIC & WELLNESS, P.L.

**Current Principal Place of Business:**

11512 LAKE MEAD AVE #203
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

11512 LAKE MEAD AVE #203
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number: 26-0717930** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

FROMAN-BOHALL, JENNIE DR
11512 LAKE MEAD AVE #203
JACKSONVILLE, FL 322562 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 ( ) Delete
Name: FROMAN-BOHALL, JEANIE D.C.
Address: 11512 LAKE MEAD AVE #203
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JEANIE FROMAN-BOHALL DR 04/06/2009

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