

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000083179

FILED
Feb 17, 2010
Secretary of State

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
Name: FROMAN-BOHALL, JEANIE D.C.
Address: 11512 LAKE MEAD AVE #203
City-St-Zip: JACKSONVILLE, FL 32256

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: JEANIE FROMAN-BOHALL

DR.

02/17/2010

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