

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000083179

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

9191 RG SKINNER PKWY #503  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

9191 RG SKINNER PKWY #503  
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, JEANIE DR  
11512 LAKE MEAD AVE #203  
JACKSONVILLE, FL 322562 US

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

FROMAN-BOHALL, JEANIE DR  
9191 RG SKINNER PKWY  
503  
JACKSONVILLE, FL 32256 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:**

Electronic Signature of Registered Agent

04/19/2011

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** FROMAN-BOHALL, JEANIE D.C.  
**Address:** 9191 RG SKINNER PKWY #503  
**City-St-Zip:** JACKSONVILLE, FL 32256

**Title:** MGR  
**Name:** BOHALL, JAMES  
**Address:** 9191 RG SKINNER PKWY #503  
**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:** JAMES BOHALL

MGR

04/19/2011

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