

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000086354

Entity Name: CHIROPAINRELIEF, LLC

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1492 ALTERNATE 19  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

25400 US HWY 19 N  
SUITE 136  
CLEARWATER, FL 33763

**Current Mailing Address:**

PO BOX 2434  
PALM HARBOR, FL 34682

**New Mailing Address:**

PO BOX 2434  
PALM HARBOR, FL 346822434

FEI Number: 26-0765424

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VINCENT, MICHAEL S  
1492 ALTERNATE 19  
PALM HARBOR, FL 34683 US

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

VINCENT, MICHAEL S  
25400 US HWY 19 N  
SUITE 136  
CLEARWATER, FL 33763 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: MICHAEL S VINCENT

01/04/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: VINCENT, MICHAEL S  
Address: 25400 US HWY 19 N, STE 136  
City-St-Zip: CLEARWATER, FL 33763

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: MICHAEL S VINCENT

MGRM

01/04/2011

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