

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000108955

FILED
Jan 26, 2009
Secretary of State

Entity Name: CJ FAMILY CHIROPRACTIC CENTER, LLC

Current Principal Place of Business:

231 SOUTH FEDERAL HIGHWAY
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

10509 MARSH STREET
WELLINGTON, FL 33414

New Mailing Address:

231 SOUTH FEDERAL HIGHWAY
LAKE WORTH, FL 33460

FEI Number: 41-2257288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALCIME, CLAUDIUS DC
10509 MARSH STREET
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

ALCIME, CLAUDIUS DC
231 SOUTH FEDERAL HIGHWAY
LAKE WORTH, FL 33460 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: CLAUDIUS ALCIME

01/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALCIME, CLAUDIUS DC
Address: 10509 MARSH STREET
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALCIME, CLAUDIUS DC
Address: 231 SOUTH FEDERAL HIGHWAY
City-St-Zip: LAKE WORTH, FL 33460

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: CLAUDIUS ALCIME

MGR

01/26/2009

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