

# 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, CLAUDIOUS DC  
10509 MARSH STREET  
WELLINGTON, FL 33414      US

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

ALCIME, CLAUDIOUS 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: CLAUDIOUS ALCIME

01/26/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: ALCIME, CLAUDIOUS 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: CLAUDIOUS ALCIME

MGR

01/26/2009

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