

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000108955

FILED
Jan 14, 2011
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:

231 SOUTH FEDERAL HIGHWAY
LAKE WORTH, FL 33460

New Mailing Address:

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
231 SOUTH FEDERAL HIGHWAY
LAKE WORTH, FL 33460 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: MGR
Name: ALCIME, CLAUDIUS DC
Address: 231 SOUTH FEDERAL HIGHWAY
City-St-Zip: LAKE WORTH, FL 33460

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: CLAUDIUS ALCIME

MGR

01/14/2011

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