

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000121454

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Entity Name:** MAURICIO CHIROPRACTIC POINCIANA LLC

**Current Principal Place of Business:**

860 TOWNE CENTER DRIVE  
KISSIMMEE, FL 34759

**New Principal Place of Business:**

**Current Mailing Address:**

625 S. RONALD REAGAN BLVD.  
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number:** 26-1554712

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AM&E SERVICES LLC  
605 E. ROBINSON STREET  
730  
ORLANDO, FL 32801 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: MGRM  
Name: MAURICIO, JOSE J  
Address: 625 S. RONALD REAGAN BLVD.  
City-St-Zip: LONGWOOD, FL 32750

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: JOSE MAURICIO

MGRM

01/12/2010

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