

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125187

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE HEALTH & WELLNESS CLINIC OF CHIROPRACTIC LLC

Current Principal Place of Business:

6921 PISTOL RANGE ROAD, STE 102
TAMPA, FL 33635

New Principal Place of Business:

6921 PISTOL RANGE ROAD,
SUITE 102
TAMPA, FL 33635

Current Mailing Address:

6921 PISTOL RANGE ROAD, STE 102
TAMPA, FL 33635

New Mailing Address:

6921 PISTOL RANGE ROAD,
SUITE 102
TAMPA, FL 33635

FEI Number: 11-3831560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MC HENRY, BRAD DR
11934 ROYCE WATERFORD CIRCLE
TAMPA, FL 33626 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 () Delete
Name: MC HENRY, BRAD DR
Address: 6921 PISTOL RANGE ROAD, STE 102
City-St-Zip: TAMPA, FL 33635

Title: MGRM () Delete
Name: MC HENRY, ANGELA
Address: 6921 PISTOL RANGE ROAD, STE 102
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRAD MC HENRY

MGRM

04/30/2009

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