

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000001621

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** COMMUNITY CHIROPRACTOR OF DAVENPORT, LLC

**Current Principal Place of Business:**

141 WEBB DRIVE  
SUITE 305  
DAVENPORT, FL 33837

**New Principal Place of Business:**

1452 OAKFIELD DRIVE  
BRANDON, FL 33511

**Current Mailing Address:**

P.O. BOX 1302  
VALRICO, FL 33595 US

**New Mailing Address:**

1452 OAKFIELD DRIVE  
BRANDON, FL 33511

**FEI Number:** 71-1044745

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RICH-CONSIGLIO, LINDA  
1128 LUMSDEN TRACE CIRCLE  
VALRICO, FL 33594 US

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

FREDERICK T. LOWE, ESQ.  
107 S. BRADFORD AVENUE  
TAMPA, FL 33609 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: FREDERICK T. LOWE, ESQ.

04/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RICH-CONSIGLIO, LINDA  
Address: PO BOX 1302  
City-St-Zip: VALRICO, FL 33595 US

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: DR. LINDA RICH-CONSIGLIO

MGRM

04/29/2010

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