

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000006270

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** CORE CHIROPRACTIC AND WELLNESS, L.L.C.

**Current Principal Place of Business:**

4900 US HWY 19  
NEW PORT RICHEY, FL 34652 US

**New Principal Place of Business:**

**Current Mailing Address:**

813 S. BROAD STREET  
BROOKSVILLE, FL 34601

**New Mailing Address:**

4900 US HWY 19  
NEW PORT RICHEY, FL 34652 US

**FEI Number:** 27-3126198

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOWMAN LAW FIRM  
17 LULU STREET  
BROOKSVILLE, FL 34601 US

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

LOWMAN LAW FIRM  
31 SOUTH MAIN STREET  
BROOKSVILLE, FL 34601 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: STEPHANIE LOWMAN

04/23/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ROBINSON, VIVIAN  
Address: 4382 REEVES ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34652 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: VIVIAN ROBINSON

MGRM

04/23/2012

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