

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000016348

FILED
Apr 25, 2010
Secretary of State

Entity Name: OMNICARE CHIROPRACTIC AND REHABILITATION, LLC

Current Principal Place of Business:

1501 S CONGRESS AVE
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7204
DELRAY BEACH, FL 33482

New Mailing Address:

1501 S CONGRESS AVE
DELRAY BEACH, FL 33445 US

FEI Number: 26-1975563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE NEUS, KAH-MOE
1501 S CONGRESS AVE
DELRAY BEACH, FL 33445 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: DE NEUS, KAH-MOE
Address: 1501 S CONGRESS AVE
City-St-Zip: DELRAY BEACH, FL 33445 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: KAH-MOE DE NEUS

MGRM

04/25/2010

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