

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000020680

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** PREMIER CHIROPRACTIC AND WELLNESS CENTER, P.L.C.

**Current Principal Place of Business:**

3500 BEACHWOOD CR, STE 203  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

3500 BEACHWOOD CT, STE 203  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

PO BOX 676  
PONTE VEDRA BEACH, FL 32004

**New Mailing Address:**

3500 BEACHWOOD CT, STE 203  
JACKSONVILLE, FL 32224

FEI Number: 26-2058007

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOHNSTON, KIM  
3500 BEACHWOOD CR, STE 203  
JACKSONVILLE, FL 32224 US

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

JOHNSTON, KIM  
3500 BEACHWOOD CT, STE 203  
JACKSONVILLE, FL 32224 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: KIM JOHNSTON

01/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JOHNSTON, KIM  
Address: 1102 A1A NORTH, SUITE 108  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: JOHNSTON, KIM  
Address: 3500 BEACHWOOD CT, STE 203  
City-St-Zip: JACKSONVILLE, FL 32224

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: KIM JOHNSTON

P

01/14/2009

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