

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000020680

FILED
Apr 09, 2010
Secretary of State

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

Current Principal Place of Business:

3500 BEACHWOOD CT, STE 203
JACKSONVILLE, FL 32224

New Principal Place of Business:

2711 UNIVERSITY BLVD. NORTH
JACKSONVILLE, FL 32211

Current Mailing Address:

3500 BEACHWOOD CT, STE 203
JACKSONVILLE, FL 32224

New Mailing Address:

2711 UNIVERSITY BLVD. NORTH
JACKSONVILLE, FL 32211

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 CT, STE 203
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

JOHNSTON, KIM
2711 UNIVERSITY BLVD. NORTH
JACKSONVILLE, FL 32211 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:

04/09/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: JOHNSTON, KIM
Address: 2711 UNIVERSITY BLVD. NORTH
City-St-Zip: JACKSONVILLE, FL 32211

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: KIM M. JOHNSTON

OWNE

04/09/2010

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