2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2011
Secretary of State

DOCUMENT# L08000020680

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

Current Principal Place of Business:

2711 UNIVERSITY BLVD. NORTH
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

2711 UNIVERSITY BLVD. NORTH
JACKSONVILLE, FL 32211

New Mailing Address:

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
2711 UNIVERSITY BLVD.NORTH
JACKSONVILLE, FL 32211 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: 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 Statues.

SIGNATURE: KIM JOHNSTON, D.C OWNE 01/24/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date