2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2010
Secretary of State

DOCUMENT# L08000029664

Entity Name: NORTHLAKE MEDICAL, CHIROPRACTIC AND REHABILITATION, LLC

Current Principal Place of Business:

3450 NORTHLAKE BLVD
LAKE PARK, FL 33403 US

New Principal Place of Business:

Current Mailing Address:

3450 NORTHLAKE BLVD
LAKE PARK, FL 33403 US

New Mailing Address:

FEI Number: 26-2250063 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DFS AGENT, LLC
1760 N. JOG ROAD
SUITE 150
WEST PALM BEACH, FL 33411 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: MGRM
Name: FORTUNATO, DANIEL
Address: 3450 NORTHLAKE BLVD
City-St-Zip: LAKE PARK, FL 33403 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 Statues.

SIGNATURE: DANIEL FORTUNATO MGRM 05/01/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date