

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000029664

FILED
Jun 13, 2011
Secretary of State

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 ()

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 Statutes.

SIGNATURE: DANIEL FORTUNATO

MGRM

06/13/2011

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