

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000042065

FILED
Mar 15, 2011
Secretary of State

Entity Name: ENCOMPASS CHIROPRACTIC CENTER LLC

Current Principal Place of Business:

4932 WEST S.R. 46
SUITE 1006
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

4932 WEST S.R. 46
SUITE 1006
SANFORD, FL 32771

New Mailing Address:

FEI Number: 26-2461354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASA, VICTOR M
4932 WEST S.R. 46
SUITE 1006
SANFORD, FL 32771 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: LASA, VICTOR M III
Address: 4932 WEST S.R. 46
City-St-Zip: SANFORD, FL 32771

Title: MGRM
Name: TORRES, SUANETTE Y
Address: 4932 WEST S.R. 46
City-St-Zip: SANFORD, FL 32771

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: VICTOR M. LASA

DR.

03/15/2011

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