2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 22, 2009
Secretary of State

DOCUMENT# L08000058552

Entity Name: ACTIVE CHIROPRACTIC WELLNESS CENTER, P.L.

Current Principal Place of Business:

4111 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

4111 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 26-2820382 **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:

GALLAGHER, VINCENT P
4940 BEACH BOULEVARD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

GALLAGHER, VINCENT P
1825-B THIRD ST. NORTH
JACKSONVILLE BEACH, FL 32250 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: _____ 09/22/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RENNE, CHRISTOPHER B
Address: 4111 BEACH BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: S/CHRISTOPHER B. RENNE MGRM 09/22/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date