2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2010
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:

12274 LAKE FERN DRIVE EAST
JACKSONVILLE, FL 32258

FEI Number: 26-2820382 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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
1825-B THIRD ST. NORTH
JACKSONVILLE BEACH, FL 32250 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: RENNE, CHRISTOPHER B
Address: 4111 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32207

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: CHRISTOPHER B RENNE CEO 05/27/2010

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