

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000058895

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** WHITFIELD CHIROPRACTIC & MASSAGE CLINIC, PLLC

**Current Principal Place of Business:**

2506 AVENUE G  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

2985 AVENUE G NW  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

6823 TAFT STREET  
HOLLYWOOD, FL 33024

**New Mailing Address:**

**FEI Number:** 26-2801935      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ROCK & ROLL CHIROPRACTIC, PLLC  
6823 TAFT STREET  
HOLLYWOOD, FL 33024      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:** MGMR  
**Name:** ROCK & ROLL CHIROPRACTIC, PLLC  
**Address:** 6823 TAFT STREET  
**City-St-Zip:** HOLLYWOOD, FL 33024

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: DR. MITCHELL JOMSKY

MGMR

04/30/2010

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