

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000059690

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** LIGHT AND LIFE CHIROPRACTIC CENTER, LLC

**Current Principal Place of Business:**

1452 OAKFIELD DRIVE  
BRANDON, FL 33511 US

**New Principal Place of Business:**

1080 BLOOMINGDALE AVENUE  
VALRICO, FL 33596 US

**Current Mailing Address:**

1452 OAKFIELD DRIVE  
BRANDON, FL 33511 US

**New Mailing Address:**

1080 BLOOMINGDALE AVENUE  
VALRICO, FL 33596 US

**FEI Number:** 38-3785795

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

VALRICO CHIROPRACTIC SERVICES, LLC  
3029 BEAR OAK DR  
VALRICO, FL 33594 US

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

VALRICO FAMILY CHIROPRACTIC, LLC  
1128 LUMSDEN TRACE CIRCLE  
VALRICO, FL 33594 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: DR. LINDA P. RICH

02/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: VALRICO FAMILY CHIROPRACTIC, LLC  
Address: 1080 BLOOMINGDALE AVENUE  
City-St-Zip: VALRICO, FL 33596

Title: MGRM  
Name: DR. LINDA P. RICH  
Address: 1128 LUMSDEN TRACE CIRCLE  
City-St-Zip: VALRICO, FL 33594

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. LINDA P. RICH

MGRM

02/10/2012

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