## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000064247

Entity Name: LAND CHIROPRACTIC AND SPORTS CLINIC, L.L.C.

FILED Mar 02, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

8823 SAN JOSE BLVD, STE 201 8823 SAN JOSE BLVD JACKSONVILLE, FL 32217

SUITE 201

JACKSONVILLE, FL 32217

**Current Mailing Address: New Mailing Address:** 

8823 SAN JOSE BLVD, STE 201 8823 SAN JOSE BLVD JACKSONVILLE, FL 32217

SUITE 201

JACKSONVILLE, FL 32217

FEI Number: 26-3014724 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LAND, CHRISTOPHER M D.C. LAND, CHRISTOPHER M D.C. 3411 BEAUCLERC RD 8823 ŚAN JOSE BLVD JACKSONVILLE, FL 32257 US SUITE 201

JACKSONVILLE, FL 32217 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: CHRISTOPHER M. LAND 03/02/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: (X) Change ( ) Addition () Delete LAND, CHRISTOPHER M D.C. LAND, CHRISTOPHER M D.C. Name: Name: Address: 3411 BEAUCLERC RD Address: 8823 SAN JOSE BLVD, SUITE 201 City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32217

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: CHRISTOPHER M. LAND 03/02/2009