

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000068183

FILED
Apr 27, 2010
Secretary of State

Entity Name: ATRIUM CHIROPRACTIC AND REHABILITATION CLINIC

Current Principal Place of Business:

925 16TH ST
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

925 16TH ST NORTH
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

925 16TH ST
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

925 16TH ST NORTH
JACKSONVILLE BEACH, FL 32250

FEI Number: 26-2762801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VESCE, EDGAR T
925 16TH ST
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

VESCE, EDGAR T
925 16TH 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:

04/27/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: VESCE, EDGAR T
Address: 925 16TH ST NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

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: EDGAR T. VESCE

PRES

04/27/2010

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