

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000073165

**Entity Name:** CORTEZ CHIROPRACTIC, LLC

**FILED**  
**Feb 27, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

15120 COUNTY LINE RD  
STE 104  
SPRING HILL, FL 34610

**New Principal Place of Business:**

15405 AUBREY AVE  
SPRING HILL, FL 34610

**Current Mailing Address:**

15120 COUNTY LINE RD  
STE 104  
SPRING HILL, FL 34610

**New Mailing Address:**

15405 AUBREY AVE  
SPRING HILL, FL 34610

FEI Number: 26-3561524

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SOSNOWSKI, EDWARD DC  
15405 AUBREY AVE  
SPRING HILL, FL 34606 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: MGR  
Name: SOSNOWSKI, EDWARD DR  
Address: 15405 AUBREY AVE  
City-St-Zip: SPRING HILL, FL 34606 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: EDWARD SOSNOWSKI

DR.

02/27/2010

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