

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000081486

Entity Name: YEOMANS CHIROPRACTIC, LLC

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

**Current Principal Place of Business:**

2823 SALISBURY BLVD  
WINTER PARK, FL 32789

**New Principal Place of Business:**

1573 W FAIRBANKS AVE STE 200  
WINTER PARK, FL 32789

**Current Mailing Address:**

2823 SALISBURY BLVD  
WINTER PARK, FL 32789

**New Mailing Address:**

1573 W FAIRBANKS AVE STE 200  
WINTER PARK, FL 32789

FEI Number: 90-0409534

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

YEOMANS, TROY D  
2823 SALISBURY BLVD  
WINTER PARK, FL 32789 US

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

YEOMANS, TROY D  
1573 W FAIRBANKS AVE STE 200  
WINTER PARK, FL 32789 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:

04/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: YEOMANS, TROY D  
Address: 1573 W FAIRBANKS AVE STE 200  
City-St-Zip: WINTER PARK, FL 32789

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: TROY D YEOMANS

PRES

04/10/2012

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