2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2010
Secretary of State

DOCUMENT# L08000086398

Entity Name: STERN CHIROPRACTIC LLC

Current Principal Place of Business:

5505 NORTH W STREET
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

5505 NORTH W STREET
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: 90-0522464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STERN, JASON
1236 MAZUREK BLVD.
PENSACOLA, FL 32514 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: STERN, JASON
Address: 1236 MAZUREK BLVD.
City-St-Zip: PENSACOLA, FL 32514

Title: MGR
Name: STERN, AMANDA
Address: 1236 MAZUREK BLVD.
City-St-Zip: PENSACOLA, FL 32514

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 Statues.

SIGNATURE: AMANDA STERN MGR 03/30/2010

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