

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000099577

FILED
Apr 13, 2011
Secretary of State

Entity Name: ADVANCE CHIROPRACTIC CLINIC OF TALLAHASSEE, LLC

Current Principal Place of Business:

1931 WELBY WAY
SUITE 1
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

1931 WELBY WAY, STE1
TALLAHASSEE, FL 32312

New Mailing Address:

1931 WELBY WAY
SUITE 1
TALLAHASSEE, FL 32308 US

FEI Number: 20-1277655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, JOSEPH D DR.
6006 LOVE RIDGE DRIVE
TALLAHASSEE, FL 32312 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: MGRM
Name: MILLER, JOSEPH D DR.
Address: 1931 WELBY WAY STE 1
City-St-Zip: TALLAHASSEE, FL 32308 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: JOSEPH D MILLER

PRES

04/13/2011

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