

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101051

FILED
Aug 26, 2009
Secretary of State

Entity Name: CLERMONT NEUROLOGIC AND CHIROPRACTIC, LLC

Current Principal Place of Business:

1766 EAST HIGHWAY 50
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

1766 EAST HIGHWAY 50
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 80-0291253 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BANDUR, JOSEPH
1766 EAST HIGHWAY 50
CLERMONT, FL 34711 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 () Delete
Name: BANDUR, JOSEPH
Address: 1766 EAST HIGHWAY 50
City-St-Zip: CLERMONT, FL 34711

Title: MGRM () Delete
Name: SINGH, RAJPAUL
Address: 1766 EAST HIGHWAY 50
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 M. BANDUR

MGRM

08/26/2009

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