

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000101051

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** CLERMONT NEUROLOGIC AND CHIROPRACTIC, LLC

**Current Principal Place of Business:**

17307 PAGONIA ROAD  
SUITE 100  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

17307 PAGONIA ROAD  
SUITE 100  
CLERMONT, FL 34711

**New Mailing Address:**

**FEI Number:** 80-0291253

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

**Title:** MGRM  
**Name:** SINGH, RAJPAUL  
**Address:** 17307 PAGONIA ROAD SUITE 100  
**City-St-Zip:** CLERMONT, FL 34711

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 BANDUR

MGRM

04/25/2011

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