

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000112687

FILED
Mar 30, 2010
Secretary of State

Entity Name: CHIROPRACTIC SOLUTIONS OF PENSACOLA, LLC

Current Principal Place of Business:

401 WEST NINE MILE ROAD
SUITE C
PENSACOLA, FL 32534

New Principal Place of Business:

Current Mailing Address:

401 WEST NINE MILE ROAD
SUITE C
PENSACOLA, FL 32534

New Mailing Address:

FEI Number: 26-3884783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILSON, PAUL A ESQUIRE
226 EAST GOVERNMENT STREET
PENSACOLA, FL 32502 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: LIKENS, LLAIRD L D.C.
Address: 401 WEST NINE MILE ROAD, SUITE C
City-St-Zip: PENSACOLA, FL 32534

Title: MGRM
Name: BALDWIN, BRANDON P D.C.
Address: 401 WEST NINE MILE ROAD, SUITE C
City-St-Zip: PENSACOLA, FL 32534

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: LLAIRD LIKENS, D.C.

PRES

03/30/2010

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