2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2010
Secretary of State

DOCUMENT# L09000003919

Entity Name: BLUEWATER CHIROPRACTIC WELLNESS CENTER, LLC

Current Principal Place of Business:

4400 E HIGHWAY 20
SUITE 207
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

4400 E HIGHWAY 20
SUITE 207
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 26-3916074 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEE, APRIL W
4400 E HIGHWAY 20
SUITE 207
NICEVILLE, FL 32578 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: LEE, APRIL W
Address: 4400 E HIGHWAY 20, SUITE 207
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM
Name: LEE, JAMIE
Address: 4400 E HIGHWAY 20, SUITE 207
City-St-Zip: NICEVILLE, FL 32578

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: APRIL LEE, D.C. OWNE 01/14/2010

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