

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000028571

FILED
Apr 30, 2012
Secretary of State

Entity Name: MIRACLE CHIROPRACTIC & REHAB CENTER, LLC

Current Principal Place of Business:

872 MARLOWE AVE
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

872 MARLOWE AVE
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 26-4537216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA PA
1840 SOUTHWEST 22ND STREET 4TH FLOOR
MIAMI, FL 33145 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: MGR
Name: LOCKLEAR, VICTOR
Address: 950 1ST STREET SOUTH STE 207
City-St-Zip: WINTER HAVEN, FL 33880

Title: S
Name: LOCKLEAR, VICTOR
Address: 950 1ST STREET SOUTH STE 207
City-St-Zip: WINTER HAVEN, FL 33880

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: VICTOR ROSS LOCKLEAR

VRL

04/30/2012

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