

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000044753

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** LOTUS CHIROPRACTIC & WELLNESS CENTER, LLC

**Current Principal Place of Business:**

17033 SOUTH DIXIE HIGHWAY  
SUITE B  
PALMETTO BAY, FL 33157

**New Principal Place of Business:**

1607 PONCE DE LEON BLVD  
SUITE 203  
CORAL GABLES, FL 33134

**Current Mailing Address:**

17600 SW 84 COURT  
PALMETTO BAY, FL 33157

**New Mailing Address:**

**FEI Number:** 80-0412167

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, NATASHA M  
17600 SW 84 COURT  
PALMETTO BAY, FL 33157 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: SMITH, NATASHA M  
Address: 17600 SW 84 COURT  
City-St-Zip: PALMETTO BAY, FL 33157

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: N.M.SMITH

DR.

04/21/2010

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