

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000058132

FILED
Jul 16, 2010
Secretary of State

Entity Name: CHIROPRACTIC WELLNESS, LLC

Current Principal Place of Business:

4618 NW 109TH COURT
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

4618 NW 109TH COURT
DORAL, FL 33178

New Mailing Address:

FEI Number: 27-0382232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVAS, CAROLINA
4618 NW 109TH COURT
DORAL, FL 33178 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: RIVAS, CAROLINA
Address: 4618 NW 109TH COURT
City-St-Zip: DORAL, FL 33178

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: MARIA CAROLINA RIVAS

MGRM

07/16/2010

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