

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000061206

FILED
Jan 06, 2011
Secretary of State

Entity Name: FAKHOURY MEDICAL AND CHIROPRACTIC CENTER, P.L.L.C.

Current Principal Place of Business:

1009 SW 17TH STREET
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 4428
OCALA, FL 34471

New Mailing Address:

FEI Number: 27-0296911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAKHOURY, MANAL
3110 SE 17TH COURT
OCALA, FL 34471 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: FAKHOURY, RIADH A DC
Address: 1009 SW 17TH STREET
City-St-Zip: OCALA, FL 34471

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: MANAL FAKHOURY

DR.

01/06/2011

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