

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000070707

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** JACKSONVILLE CHIROPRACTIC & ACUPUNCTURE LLC

**Current Principal Place of Business:**

7860 GATE PARKWAY #106  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

7860 GATE PARKWAY #106  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 27-0623164

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARLSON, JEREMIAH W DR.  
11120 TIVERTON CT.  
JACKSONVILLE, FL 32246 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: CARLSON, JEREMIAH W DR.  
Address: 11120 TIVERTON CT.  
City-St-Zip: JACKSONVILLE, FL 32246

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: JEREMIAH WESLEY CARLSON

DR.

01/06/2011

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