

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000070707

**FILED**  
**Jan 05, 2012**  
**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:**

CARLSON, JEREMIAH W DR.  
4582 REEDBARK LN  
JACKSONVILLE, FL 32246 US

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: JEREMIAH W CARLSON

01/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CARLSON, JEREMIAH W DR.  
Address: 4582 REEDBARK LN  
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 W CARLSON

DR.

01/05/2012

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