

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000072280

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** HEALING HANDS FAMILY CHIROPRACTIC, LLC

**Current Principal Place of Business:**

821 E OCEAN BLVD, STE C  
STUART, FL 34994

**New Principal Place of Business:**

821 E OCEAN BLVD.  
SUITE C  
STUART, FL 34994

**Current Mailing Address:**

821 E OCEAN BLVD, STE C  
STUART, FL 34994

**New Mailing Address:**

821 E OCEAN BLVD.  
SUITE C  
STUART, FL 34994

**FEI Number:** 27-0675978

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CAMPBELL, REBEKAH  
4875 SE ASKEW AVENUE  
STUART, FL 34997 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: CAMPBELL, REBEKAH  
Address: 4875 SE ASKEW AVENUE  
City-St-Zip: STUART, FL 34997

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: REBEKAH CAMPBELL

MGRM

02/16/2010

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