2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

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Entity Name: HEALING HANDS FAMILY CHIROPRACTIC, LLC

Current Principal Place of Business:

821 E OCEAN BLVD.
SUITE C
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

821 E OCEAN BLVD.
SUITE C
STUART, FL 34994

New Mailing Address:

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 Statues.

SIGNATURE: REBEKAH CAMPBELL MGR 01/05/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date