2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: RESTORATION SPECIFIC CHIROPRACTIC, LLC

Current Principal Place of Business:

185 N. HIGHWAY 27
SUITE A
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

185 N. HIGHWAY 27
SUITE A
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 27-1137887 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, BRET
700 ALMOND STREET
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

BRET JONES, P.A.
700 ALMOND STREET
CLERMONT, FL 34711 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: BRET JONES 04/28/2011
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: LIN, KEVIN
Address: 185 N. HIGHWAY 27, SUITE A
City-St-Zip: CLERMONT, FL 34711

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: KEVIN LIN MGR 04/28/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date