

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000094792

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Entity Name:** RHEE CHIROPRACTIC LLC

**Current Principal Place of Business:**

2727 W. ML KING, JR BLVD  
SUITE 780  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

2727 W. ML KING, JR BLVD  
SUITE 780  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 27-1092908

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ROBERT WALKER CPA PA  
709 W. AZEELE ST  
TAMPA, FL 33606 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: PRES  
Name: RHEE, THOMAS  
Address: 2727 W. ML KING JR BLVD. STE 780  
City-St-Zip: TAMPA, FL 33607

Title: S/T  
Name: RHEE, THOMAS  
Address: 2727 W. ML KING JR BLVD, STE 780  
City-St-Zip: TAMPA, FL 33607

Title: COO  
Name: SANTOS, ARIEL  
Address: 2727 W. ML KING JR. BLVD., STE 780  
City-St-Zip: TAMPA, FL 33607

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: TOMMY RHEE

PRES

03/29/2011

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