

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000098938

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** MID FLORIDA MEDICAL & CHIROPRACTIC CENTER LLC

**Current Principal Place of Business:**

100 PARK PLACE BLVD, STE 201  
KISSIMMEE, FL 34741 US

**New Principal Place of Business:**

100 PARK PLACE BLVD,  
SUITE 201  
KISSIMMEE, FL 34741 US

**Current Mailing Address:**

922 CRONTON RD.  
CELEBRATION, FL 34747

**New Mailing Address:**

922 CROTON RD.  
CELEBRATION, FL 34747

**FEI Number:** 27-1106247

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SUNDERLAND, DEREK  
922 CROTON RD  
CELEBRATION, FL 34747 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: GALLO, RACHAEL  
Address: 1354 WILLOW BRANCH ROAD  
City-St-Zip: ORLANDO, FL 32828

Title: MGR  
Name: SUNDERLAND, DEREK  
Address: 922 CROTON RD  
City-St-Zip: CELEBRATION, FL 34747 US

Title: MGR  
Name: SUNDERLAND, YVONNE  
Address: 922 CROTON RD  
City-St-Zip: CELEBRATION, FL 34747 US

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: DEREK SUNDERLAND

MGR

01/06/2011

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