

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000100555

FILED
Feb 02, 2010
Secretary of State

Entity Name: GARDENS FAMILY CHIROPRACTIC, LLC

Current Principal Place of Business:

2419 TREASURE ISLE WAY A-16
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

2419 TREASURE ISLE WAY
A-16
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

1121 RIVERBEND CLUB DR. SE
ATLANTA, FL 30339

New Mailing Address:

2419 TREASURE ISLE WAY
A-16
PALM BEACH GARDENS, FL 33410

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANIS, ALLISON
2419 TREASURE ISLE WAY A-16
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

MANIS, ALLISON
2419 TREASURE ISLE WAY
A-16
PALM BEACH GARDENS, FL 33410 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:

02/02/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: DAVINE, KEVIN
Address: 2419 TREASURE ISLE WAY A-16
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR
Name: MANIS, ALLISON
Address: 2419 TREASURE ISLE WAY A-16
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: ALLISON MANIS

MGR

02/02/2010

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