2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

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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:

871 DONALD ROSS ROAD
JUNO BEACH, FL 33408

Current Mailing Address:

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

New Mailing Address:

871 DONALD ROSS ROAD
JUNO BEACH, FL 33408

FEI Number: 27-2062627 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

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: MGR
Name: DAVINE, KEVIN
Address: 300 NORTH HIGHWAY A1A I-105
City-St-Zip: JUPITER, FL 33477

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 Statues.

SIGNATURE: ALLISON MANIS MGR 01/05/2011

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