

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000101155

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** THE CHIROPRACTIC CENTER, LLC

**Current Principal Place of Business:**

32749 RADIO RD  
LEESBURG, FL 34788 US

**New Principal Place of Business:**

**Current Mailing Address:**

32749 RADIO RD  
LEESBURG, FL 34788 US

**New Mailing Address:**

**FEI Number:** 27-1152800

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORREALE, JOSEPH M  
3037 OAK HAMMOCK DR  
PORT ORANGE, FL 32129 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: MORREALE, JOSEPH M  
Address: 3037 OAK HAMMOCK DR  
City-St-Zip: PORT ORANGE, FL 32129 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: JOE MORREALE

OWNE

01/05/2011

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