

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 08, 2011
Secretary of State

Entity Name: BAY CHIROPRACTIC & SPINE SERVICES LLC

Current Principal Place of Business:

829 W. MARTIN LUTHER KING BLVD
STE 110
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

829 W. MARTIN LUTHER KING BLVD
STE 110
TAMPA, FL 33603

New Mailing Address:

FEI Number: 27-1326761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LI, ROBERTO
829 W. MARTIN LUTHER KING BLVD
STE 110
TAMPA, FL 33603 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: LI, ROBERTO
Address: 829 W. MARTIN LUTHER KING BLVD, STE 110
City-St-Zip: TAMPA, FL 33603

Title: MGM
Name: PAIROL, REINALDO
Address: 829 W. MARTIN LUTHER KING BLVD, STE 110
City-St-Zip: TAMPA, FL 33603

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: REINALDO PAIROL

MGR

03/08/2011

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