

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000123287

FILED
Mar 04, 2011
Secretary of State

Entity Name: TOTAL ACCIDENT INJURY CHIROPRACTIC, LLC.

Current Principal Place of Business:

230 SOUTH DIXIE HWY, STE #102
LAKE WORTH, FL 33460

New Principal Place of Business:

1622 SOUTH DIXIE HWY
LAKE WORTH, FL 33460

Current Mailing Address:

230 SOUTH DIXIE HWY, STE #102
LAKE WORTH, FL 33460

New Mailing Address:

PO BOX 871
LAKE WORTH, FL 33460 -41 54

FEI Number: 27-1566432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STACHURA, BOGDAN J DR
230 SOUTH DIXIE HWY, STE #102
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

STACHURA, BOGDAN J DR
1622 SOUTH DIXIE HWY
LAKE WORTH, FL 33460 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: STACHURA J BOGDAN

03/04/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: STACHURA, BOGDAN J DR
Address: 1640 PRESIDENTIAL WAY APT # 403
City-St-Zip: WEST PALM BCH, FL 33401

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: STACHURA J BOGDAN

MGR

03/04/2011

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