

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000123490

FILED  
Jan 28, 2011  
Secretary of State

**Entity Name:** JOHNSON CHIROPRACTIC, ACUPUNCTURE, AND ORIENTAL MEDICINE, LLC

**Current Principal Place of Business:**

22395 US HWY 331 N  
PAXTON, FL 32538

**New Principal Place of Business:**

22395 US HWY 331 N  
LAUREL HILL, FL 32567

**Current Mailing Address:**

P.O. BOX 486  
PAXTON, FL 32538

**New Mailing Address:**

**FEI Number:** 27-1649241

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNSON, HEATHER  
22397 US HWY 331 N  
PAXTON, FL 32538 US

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

JOHNSON, HEATHER  
21 WALTON STREET  
LAUREL HILL, FL 32567 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: HEATHER ALISCH JOHNSON

01/28/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: JOHNSON, HEATHER A  
Address: P.O. BOX 524  
City-St-Zip: PAXTON, FL 32538

Title: MGR  
Name: JOHNSON, KAREN S  
Address: P.O. BOX 524  
City-St-Zip: PAXTON, FL 32538

Title: MGR  
Name: JOHNSON, JOE W  
Address: P.O. BOX 524  
City-St-Zip: PAXTON, FL 32538

Title: MGR  
Name: PALMER, DAVID M  
Address: 21 WALTON STREET  
City-St-Zip: LAUREL HILL, FL 32567

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: HEATHER ALISCH JOHNSON

MGR

01/28/2011

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