

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000123490

FILED
Feb 15, 2012
Secretary of State

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

Current Principal Place of Business:

22395 US HWY 331 N
LAUREL HILL, FL 32567

New Principal Place of Business:

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
21 WALTON STREET
LAUREL HILL, FL 32567 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: 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 JOHNSON

MGR

02/15/2012

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