

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 01, 2011
Secretary of State

Entity Name: FOWLER CHIROPRACTIC AND REHABILITATION CENTER, LLC

Current Principal Place of Business:

3597 FOWLER STREET
FORT MYERS, FL 33901 US

New Principal Place of Business:

3217 FAWNWOOD DR
OCOE, FL 34761 US

Current Mailing Address:

3597 FOWLER STREET
FORT MYERS, FL 33901 US

New Mailing Address:

3217 FAWNWOOD DR
OCOE, FL 34761 US

FEI Number: 27-1615274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, SADAT M
3217 FAWNWOOD DR
OCOE, FL 34761 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: SMITH, SADAT M
Address: 3217 FAWNWOOD DR
City-St-Zip: OCOE, FL 34761 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: SADAT SMITH

DR

05/01/2011

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