

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000006032

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** BROGNA CHIROPRACTIC & WELLNESS, LLC

**Current Principal Place of Business:**

1900 NORTH BAYSHORE DRIVE  
3714  
MIAMI, FL 33132

**New Principal Place of Business:**

351 US HIGHWAY 1  
106  
JUPITER, FL 33477

**Current Mailing Address:**

P.O. BOX 30903  
PALM BEACH GARDENS, FL 334200903

**New Mailing Address:**

**FEI Number:** 27-2524110

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROGNA, WILLIAM J  
1900 NORTH BAYSHORE DRIVE  
3714  
MIAMI, FL 33132 US

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

BROGNA, WILLIAM J  
351 S US HIGHWAY 1  
106  
JUPITER, FL 33477 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: WILLIAM J BROGNA

04/28/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PD  
Name: BROGNA, WILLIAM J  
Address: 351 S US HIGHWAY 1  
City-St-Zip: JUPITER, FL 33477

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: WILLIAM J BROGNA

PD

04/28/2011

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