

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000007272

FILED
Apr 28, 2011
Secretary of State

Entity Name: N. KIRKMAN REHAB & CHIROPRACTIC, LLC

Current Principal Place of Business:

220 N. KIRKMAN RD
SUITE 2
ORLANDO, FL 32808

New Principal Place of Business:

220 N. KIRKMAN RD
SUITE 2
ORLANDO, FL 32811

Current Mailing Address:

220 N. KIRKMAN RD
SUITE 2
ORLANDO, FL 32808

New Mailing Address:

220 N. KIRKMAN RD
SUITE 2
ORLANDO, FL 32811

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOANG, TAM M
220 N. KIRKMAN RD.
SUITE 2
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

HOANG, TAM M
220 N. KIRKMAN RD.
SUITE 2
ORLANDO, FL 32811 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: TAMMHOANG

04/28/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: HOANG, TAM M
Address: 220 N. KIRKMAN RD. SUITE 2
City-St-Zip: ORLANDO, FL 32811

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: TAMMHOANG

CEO

04/28/2011

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