2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2012
Secretary of State

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Entity Name: N. KIRKMAN REHAB & CHIROPRACTIC, LLC

Current Principal Place of Business:

220 N. KIRKMAN RD
SUITE 2
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

220 N. KIRKMAN RD
SUITE 2
ORLANDO, FL 32811

New Mailing Address:

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 32811 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: 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 Statues.

SIGNATURE: TAM M HOANG MGR 04/17/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date