

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000010206

FILED
May 01, 2012
Secretary of State

Entity Name: WELLS CLINIC OF CHIROPRACTIC LLC

Current Principal Place of Business:

111 S RANDOLPH AVE
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

111 S RANDOLPH AVE
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 27-1874681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTERS, WINSTON W
4 WEST DARLINGTON AVE
KISSIMMEE, FL 34741 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: MGRM
Name: WELLS, TRAVIS
Address: 731 BAY ST
City-St-Zip: KISSIMMEE, FL 34741

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: TRAVIS WELLS

MGRM

05/01/2012

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