

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000011077

FILED
Apr 26, 2012
Secretary of State

Entity Name: HEALTH LIGHT CHIROPRACTIC, LLC

Current Principal Place of Business:

4527 CORONADO PARKWAY
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

4527 CORONADO PARKWAY
CAPE CORAL, FL 33904

New Mailing Address:

352 PRIMA VERA COVE
ALTAMONTE SPRINGS, FL 32714 SM

FEI Number: 27-1803141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORRIS, LAWRENCE C
4527 CORONADO PARKWAY
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

MORRIS, LAWRENCE C
352 PRIMA VERA COVE
ALTAMONTE SPRINGS, FL 32714 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: LAWRENCE CLIFFORD MORRIS

04/26/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MORRIS, LAWRENCE C
Address: 352 PRIMA VERA COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 SE

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: LAWRENCE CLIFFORD MORRIS

MGR

04/26/2012

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