

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000012874

FILED
Jan 14, 2011
Secretary of State

Entity Name: NATURE WAY CHIROPRACTIC, LLC

Current Principal Place of Business:

18465 PINE BLVD.
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

18465 PINES BLVD.
PEMBROKE PINES, FL 33029 US

Current Mailing Address:

18465 PINE BLVD.
PEMBROKE PINES, FL 33029 US

New Mailing Address:

18465 PINES BLVD.
PEMBROKE PINES, FL 33029 US

FEI Number: 27-1832711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SABRY, AYHEM A
13722 NW 11TH CT
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

SABRY, AYHEM A
18465 PINES
PEMBROKE PINES, FL 33029 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: AYHEM SABRY

01/14/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SABRY, AYHEM A
Address: 18465 PINES BLVD.
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MGRM
Name: SABRY, TAMER
Address: 18465 PINES BLVD.
City-St-Zip: PEMBROKE PINES, FL 33029 US

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: AYHEM SABRY

MGRM

01/14/2011

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