

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000017822

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** MADISON CHIROPRACTIC CENTER, LLC.

**Current Principal Place of Business:**

126 SW SUMATRA AVENUE  
SUITE A  
MADISON, FL 32340

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 306  
MADISON, FL 32341

**New Mailing Address:**

**FEI Number:** 27-1913127

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LANEY, ROGER L III  
1378 N RAILROAD AVE  
CHIPLEY, FL 32428 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: DR  
Name: STEIGER, STUART N  
Address: 126 SW SUMATRA AVE SUITE A  
City-St-Zip: MADISON, FL 32340

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: STUART N. STEIGER

DR

02/07/2012

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