

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000030948

FILED
Mar 02, 2011
Secretary of State

Entity Name: COMPLETE CHIROPRACTIC HEALTHCARE, LLC

Current Principal Place of Business:

104 E. FLETCHER AVE., STE B
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

104 E. FLETCHER AVE., STE B
TAMPA, FL 33612

New Mailing Address:

FEI Number: 27-2156914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EPPS, MYLISSA DR
218 EAST BEARSS AVENUE, #304
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

EPPS, MYLISSA DR
218 EAST BEARSS AVENUE, #304
TAMPA, FL 33613 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: DR. MYLISSA EPPS

03/02/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: DR. MYLISSA L. EPPS, LLC
Address: 218 EAST BEARSS AVENUE, #304
City-St-Zip: TAMPA, FL 33613

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: DR. MYLISSA L EPPS, LLC

MGR

03/02/2011

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