

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000035477

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** NELSON CHIROPRACTIC & REHABILITATION LLC

**Current Principal Place of Business:**

346 BACOM POINT RD  
PAHOKEE, FL 33476

**New Principal Place of Business:**

905 WEST VENTURA AVENUE  
CLEWISTON, FL 33440

**Current Mailing Address:**

346 BACOM POINT RD  
PAHOKEE, FL 33476

**New Mailing Address:**

905 WEST VENTURA AVENUE  
CLEWISTON, FL 33440

**FEI Number:** 80-0577261

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NELSON, RYAN  
815 LONG MEADOW CT  
PORT ORANGE, FL 32127 US

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

NELSON, RYAN  
905 WEST VENTURA AVENUE  
CLEWISTON, FL 33440 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: RYAN NELSON

04/19/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: NELSON, RYAN  
Address: 905 WEST VENTURA AVENUE  
City-St-Zip: CLEWISTON, FL 33440

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: RYAN NELSON

DR.

04/19/2011

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