

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000035477

FILED
Jan 18, 2012
Secretary of State

Entity Name: NELSON CHIROPRACTIC & REHABILITATION LLC

Current Principal Place of Business:

905 WEST VENTURA AVENUE
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

905 WEST VENTURA AVENUE
CLEWISTON, FL 33440

New Mailing Address:

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
905 WEST VENTURA AVENUE
CLEWISTON, FL 33440 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: 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

DC

01/18/2012

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