

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000040145

FILED
Apr 06, 2012
Secretary of State

Entity Name: LEHIGH FAMILY CHIROPRACTIC, PLLC

Current Principal Place of Business:

6900 DANIELS PARKWAY STE 32
FT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

6900 DANIELS PARKWAY STE 32
FT MYERS, FL 33912

New Mailing Address:

FEI Number: 27-2427540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEHIGH, AMY R
6900 DANIELS PARKWAY STE 32
FT MYERS, FL 33912 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: MGRM
Name: LEHIGH, AMY R MGRM
Address: 6900 DANIELS PARKWAY, SUITE 32
City-St-Zip: FORT MYERS, FL 33912

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: AMY R LEHIGH

MGR

04/06/2012

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