

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000046366

FILED
Apr 30, 2011
Secretary of State

Entity Name: CMA CHIROPRACTIC CENTER LLC

Current Principal Place of Business:

3301 NE 1ST AVE APT 2515
MIAMI, FL 33137

New Principal Place of Business:

4618 NW 109TH COURT
DORAL, FL 33178

Current Mailing Address:

3301 NE 1ST AVE APT 2515
MIAMI, FL 33137

New Mailing Address:

PO BOX 527346
MIAMI, FL 33152

FEI Number: 27-2515912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RIVAS, CAROLINA
3301 NE 1ST AVE APT 2515
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

RIVAS, CAROLINA
4618 NW 109TH COURT
MIAMI, FL 33178 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:

04/30/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: RIVAS, CAROLINA
Address: PO BOX 527346
City-St-Zip: MIAMI, FL 33152

Title: MGRM
Name: DE AVILA, ANDRES
Address: PO BOX 527346
City-St-Zip: MIAMI, FL 33152

Title: MGR
Name: RIVAS, MIGUEL
Address: PO BOX 527346
City-St-Zip: MIAMI, FL 33152

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: ANDRES DE AVILA

MGRM

04/30/2011

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