2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2011
Secretary of State

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Entity Name: LEGACY CLINIC OF CHIROPRACTIC LLC

Current Principal Place of Business:

1950 LAUREL MANOR DR
BLDG 200, SUITE 204
THE VILLAGES, FL 32162 US

New Principal Place of Business:

1950 LAUREL MANOR DR
SUITE 204
THE VILLAGES, FL 32162 US

Current Mailing Address:

11802 MYRTLE OAK CT
11802 MYRTLE OAK CT
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

1950 LAUREL MANOR DR
SUITE 204
THE VILLAGES, FL 32162 US

FEI Number: 27-1606992 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHN C THEECK PA
11802 MYRTLE OAK CT
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

JOHN C THEECK D.C., P.A.
1950 LAUREL MANOR DR
SUITE 204
THE VILLAGES, FL 32162 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: JOHN C THEECK 01/25/2011
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: P
Name: JOHN C THEECK D.C., P.A
Address: 1950 LAUREL MANOR DR SUITE 204
City-St-Zip: THE VILLAGES, FL 32162 US

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 Statues.

SIGNATURE: JOHN THEECK P 01/25/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date