

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000079006

FILED
Apr 21, 2011
Secretary of State

Entity Name: CHIROPRACTIC HEALTH AND WELLNESS, LLC

Current Principal Place of Business:

2430 E. TAMIAMI TRAIL
#13
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 111342
NAPLES, FL 34108

New Mailing Address:

FEI Number: 27-3094359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, DAVID E DR.
1000 TAMIAMI TRAIL NORTH #402
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

COLLINS, DAVID E DR.
1000 TAMIAMI TRAIL NORTH #402
NAPLES, FL 34102 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:

04/21/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: COLLINS, DAVID E DR
Address: 9845 ROCKY BANK DRIVE
City-St-Zip: NAPLES, FL 34109 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 Statutes.

SIGNATURE: DAVID E COLLINS

MGRM

04/21/2011

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