2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2011
Secretary of State

DOCUMENT# L10000085881

Entity Name: OCEAN CHIROPRACTIC & WELLNESS CENTER, LLC

Current Principal Place of Business:

652 68TH AVE S.
SAINT PETERSBURG, FL 33705 US

New Principal Place of Business:

3612 S. DALE MABRY HWY
UNIT A
TAMPA, FL 33629 US

Current Mailing Address:

652 68TH AVE S.
SAINT PETERSBURG, FL 33705 US

New Mailing Address:

3612 S. DALE MABRY HWY
UNIT A
TAMPA, FL 33629 US

FEI Number: 27-3254407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WARREN, MARTIN W
652 68TH AVE. S.
SAINT PETERSBURG, FL 33705 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: WARREN, MARTIN W
Address: 652 68TH AVE S.
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: MGRM
Name: HEBAUF, BROOKE M
Address: 652 68TH AVE S.
City-St-Zip: SAINT PETERSBURG, FL 33705

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: MARTIN W. WARREN PRES 01/20/2011

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