

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000085881

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** OCEAN CHIROPRACTIC & WELLNESS CENTER, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 27-3254407

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:**

WARREN, MARTIN W  
3612 S. DALE MABRY HWY.  
UNIT A  
TAMPA, FL 33629 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/30/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WARREN, MARTIN W  
Address: 3612 S. DALE MABRY HWY., UNIT A  
City-St-Zip: TAMPA, FL 33629

Title: MGRM  
Name: HEBAUF, BROOKE M  
Address: 3612 S. DALE MABRY HWY., UNIT A  
City-St-Zip: TAMPA, FL 33629

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: MARTIN W. WARREN

MGRM

04/30/2012

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