

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000086454

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** ALIGN CHIROPRACTIC AND WELLNESS CENTER, L.L.C.

**Current Principal Place of Business:**

1611 19TH AVENUE WEST  
PALMETTO, FL 34221

**New Principal Place of Business:**

1611 10TH AVENUE WEST  
PALMETTO, FL 34221

**Current Mailing Address:**

1611 19TH AVENUE WEST  
PALMETTO, FL 34221

**New Mailing Address:**

1611 10TH AVENUE WEST  
PALMETTO, FL 34221

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHIVER, JOSEPH C  
1611 19TH AVENUE WEST  
PALMETTO, FL 34221 US

**Name and Address of New Registered Agent:**

SHIVER, JOSEPH C  
1611 10TH AVENUE WEST  
PALMETTO, FL 34221 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

04/28/2011

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SHIVER, JOSEPH C  
Address: 1611 10TH AVENUE WEST  
City-St-Zip: PALMETTO, FL 34221

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: JOSEPH C. SHIVER

MGRM

04/28/2011

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