

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000108043

**FILED  
Mar 16, 2011  
Secretary of State**

**Entity Name:** LIVE WELL CHIROPRACTIC, PLLC

**Current Principal Place of Business:**

4470 WESTON ROAD  
DAVIE, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

4470 WESTON ROAD  
DAVIE, FL 33331

**New Mailing Address:**

FEI Number: 27-3685864

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOORE, JOHN T II  
C/O LIVEWELL CHIROPRACTIC 4470 WESTON ROAD  
DAVIE, FL 33331 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: MOORE, JOHN T II  
Address: 4470 WESTON ROAD  
City-St-Zip: DAVIE, FL 33331

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: JOHN MOORE

MGRM

03/16/2011

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