

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000108043

FILED
Jun 11, 2012
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

06/11/2012

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