2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2012
Secretary of State

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Entity Name: ENCOMPASS CHIROPRACTIC MEDICAL & INJURY CENTER, LLC

Current Principal Place of Business:

5336 S. JOHN YOUNG PARKWAY
ORLANDO, FL 32839

New Principal Place of Business:

5336 S. JOHN YOUNG PARKWAY
ORLANDO, FL 32839 US

Current Mailing Address:

4932 WEST S.R. 46
SUITE 1006
SANFORD, FL 32771

New Mailing Address:

FEI Number: 27-4003665 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LASA, VICTOR M JR.
4932 WEST S.R. 46
SUITE 1006
SANFORD, FL 32771 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: LASA, VICTOR M DR.
Address: 4932 WEST S.R. 46, SUITE 1006
City-St-Zip: SANFORD, FL 32771

Title: MGR
Name: ENCOMPASS MANAGEMENT OF CENTRAL FLORIDA
Address: 1616 MEADOWGOLD COURT
City-St-Zip: WINTER PARK, FL 32792

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: BARRY M GODDARD MGR 04/12/2012

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