2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2011
Secretary of State

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Entity Name: GATORS CHIROPRACTIC & REHAB CENTER PLLC

Current Principal Place of Business:

2772 NW 43RD STREET
UNIT A
GAINESVILLE, FL 32608 US

New Principal Place of Business:

Current Mailing Address:

2772 NW 43RD STREET
UNIT A
GAINESVILLE, FL 32608 US

New Mailing Address:

FEI Number: 27-4147209 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOMSKY, MITCHELL G
6823 TAFT ST
HOLLYWOOD, FL 33024 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: ROCK AND ROLL CHIROPRACTIC
Address: 6823 TAFT ST
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: MGRM
Name: JOMSKY, MITCHELL G
Address: 6823 TAFT ST
City-St-Zip: HOLLYWOOD, FL 33024 US

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: DR. MITCHELL G JOMSKY MGRM 06/04/2011

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