

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000129601

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

**Entity Name:** CORE CHIROPRACTIC & SPINAL REHAB CENTER, LLC

**Current Principal Place of Business:**

4626 S. CLYDE MORRIS BLVD., SUITE 1  
PORT ORANGE, FL 32129 US

**New Principal Place of Business:**

**Current Mailing Address:**

4626 S. CLYDE MORRIS BLVD., SUITE 1  
PORT ORANGE, FL 32129 US

**New Mailing Address:**

FEI Number: 27-4353508

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE, FL 32301 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: BRIGOLA, GREGORY O  
Address: 4626 S. CLYDE MORRIS BLVD., SUITE 1  
City-St-Zip: PORT ORANGE, FL 32129 US

Title: MGRM  
Name: BRIGOLA, DANA L  
Address: 4626 S. CLYDE MORRIS BLVD., SUITE 1  
City-St-Zip: PORT ORANGE, FL 32129 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 Statutes.

SIGNATURE: DANA BRIGOLA

MGRM

04/28/2011

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