2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 29, 2012
Secretary of State

DOCUMENT# L11000009901

Entity Name: COASTAL CHIROPRACTIC PALM HARBOR, LLC

Current Principal Place of Business:

3091 ANDERSON SNOW ROAD
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

3091 ANDERSON SNOW ROAD
SPRING HILL, FL 34609

New Mailing Address:

FEI Number: 27-4654985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KYCYNKA, DREW D
3091 ANDERSON SNOW ROAD
SPRING HILL, FL 34609 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: KYCYNKA, DREW D
Address: 3091 ANDERSON SNOW ROAD
City-St-Zip: SPRING HILL, FL 34609

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: DREW D KYCYNKA MGRM 08/29/2012

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