

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000015349

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** ALLIANCE REHABILITATION & CHIROPRACTIC LLC

**Current Principal Place of Business:**

3703 CRILL AVE  
PALATKA, FL 32117

**New Principal Place of Business:**

2312 CRILL AVE  
PALATKA, FL 32117

**Current Mailing Address:**

4502 BELMORE LANE  
KEYSTONE HEIGHTS, FL 32656

**New Mailing Address:**

**FEI Number:** 27-4826670

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANDS & ASSOCIATES, PLC  
3707 155TH AVE E  
PARRISH, FL FL 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: STEPHAN, JINNIFER M  
Address: 4502 BELMORE LANE  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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: JINNIFER STEPHAN

DR

04/10/2012

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