2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2012
Secretary of State

DOCUMENT# L11000020694

Entity Name: EAST-WEST CHIROPRACTIC AND REHABILATATION OF HUDSON LLC

Current Principal Place of Business:

13315 US HWY 19 N.
HUDSON, FL 34667 US

New Principal Place of Business:

Current Mailing Address:

13315 US HWY 19 N.
HUDSON, FL 34667 US

New Mailing Address:

FEI Number: 27-5067340 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RESHAMWALA, MAYUR
3533 WARBLER DR.
NEW PORT RICHEY, FL 34652 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: RESHAMWALA, MAYUR
Address: 3533 WARBLER DR
City-St-Zip: NEW PORT RICHEY, FL 34652

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: DMR PRES 04/30/2012

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