

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000048579

FILED
Apr 23, 2012
Secretary of State

Entity Name: ABSOLUTE CHIRO- REHAB CLINIC,LLC

Current Principal Place of Business:

18250 NW 2ND AVENUE
MIAMI GARDEN, 33169

New Principal Place of Business:

18250 NW 2ND AVENUE
100
MIAMI GARDEN, FL 33169

Current Mailing Address:

18250 NW 2ND AVENUE
MIAMI GARDEN, 33169

New Mailing Address:

18250 NW 2ND AVENUE
100
MIAMI GARDEN, FL 33169

FEI Number: 80-0715462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOUZE, FRANK
6514 SW 8TH PLACE
NORTH LAUDERDALE, FL 33068 US

Name and Address of New Registered Agent:

DOUZE, HENRI
1881 W OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33311 US

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: HENRI DOUZE

04/23/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: DOUZE, HENRI C
Address: 1881 WEST OAKLAND PARK BOULEVARD
City-St-Zip: FORT LAUDERDALE, FL 33311

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: HENRI DOUZE

MGR

04/23/2012

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