2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2012
Secretary of State

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Entity Name: BUCHANAN CHIROPRACTIC AND REHABILITATION LLC

Current Principal Place of Business:

8849 PASEO DE VALENCIA ST
FORT MYERS, FL 33908

New Principal Place of Business:

8140 COLLEGE PARKWAY
SUITE 108
FORT MYERS, FL 33919

Current Mailing Address:

8849 PASEO DE VALENCIA ST
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 45-2409702 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUCHANAN, ROBERT D
8849 PASEO DE VALENCIA ST
FORT MYERS, FL 33908 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: BUCHANAN, ROBERT D
Address: 8849 PASEO DE VALENCIA ST
City-St-Zip: FORT MYERS, FL 33908

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: ROBERT D. BUCHANAN DR. 02/08/2012

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