2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2012
Secretary of State

DOCUMENT# L11000064743

Entity Name: TOTAL INJURY CHIROPRACTIC, LLC.

Current Principal Place of Business:

1622 SOUTH DIXIE HWY
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

1622 SOUTH DIXIE HWY
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 45-2481613 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, JAMES
1665 PALM BEACH LAKES BLVD., STE. 101
WEST PALM BEACH, FL 33401 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: WALTON, CHARLES FOSTER III
Address: 1622 SOUTH DIXIE HWY
City-St-Zip: LAKE WORTH, FL 33460

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: CHARLES FOSTER WALTON III MGRM 02/23/2012

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