

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000075619

FILED
Apr 23, 2012
Secretary of State

Entity Name: COASTAL CHIROPRACTIC HEALTH SOLUTIONS, PLLC

Current Principal Place of Business:

9200 BONITA BEACH ROAD, SUITE 109
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

9200 BONITA BEACH ROAD, SUITE 109
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 45-2701005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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: MGR
Name: FOSTER, JENNIFER D.C.
Address: 9200 BONITA BEACH ROAD, SUITE 109
City-St-Zip: BONITA SPRINGS, FL 34135

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: JENNIFER FOSTER D.C.

MGR

04/23/2012

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