2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2012
Secretary of State

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Entity Name: WILLIAMS CHIROPRACTIC CLINIC, LLC

Current Principal Place of Business:

213 SOUTH DILLARD STREET, SUITE 130
WINTER GARDEN, FL 34787 US

New Principal Place of Business:

Current Mailing Address:

213 SOUTH DILLARD STREET, SUITE 130
WINTER GARDEN, FL 34787 US

New Mailing Address:

FEI Number: 45-2721730 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, MARK DR.
213 SOUTH DILLARD STREET, SUITE 130
WINTER GARDEN, FL 34787 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: WILLIAMS, MARK DR.
Address: 213 SOUTH DILLARD STREET, SUITE 130
City-St-Zip: WINTER GARDEN, FL 34787

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: MARK WILLIAMS MGR 04/12/2012

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