

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000086845

**FILED**  
**Feb 02, 2012**  
**Secretary of State**

**Entity Name:** ELIAS CHIROPRACTIC & SPORTS MEDICINE CENTERS, LLC

**Current Principal Place of Business:**

4779 COLLINS AVENUE  
2307  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

4779 COLLINS AVENUE  
2307  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

4779 COLLINS AVENUE  
2307  
MIAMI BEACH, FL 33141

**New Mailing Address:**

4779 COLLINS AVENUE  
2307  
MIAMI BEACH, FL 33140

**FEI Number:** 45-2852715

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ELIAS, BRIAN  
4779 COLLINS AVENUE  
2307  
MIAMI BEACH, FL 33141 US

**Name and Address of New Registered Agent:**

ELIAS, BRIAN  
4779 COLLINS AVENUE  
2307  
MIAMI BEACH, FL 33140 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: BRIAN ELIAS

02/02/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ELIAS, BRIAN  
Address: 4779 COLLINS AVENUE #2307  
City-St-Zip: MIAMI BEACH, FL 33140

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: BRIAN ELIAS

MGRM

02/02/2012

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