2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 17, 2012
Secretary of State

DOCUMENT# L11000090354

Entity Name: HEALING HANDS CHIROPRACTIC WELLNESS CENTER, LLC

Current Principal Place of Business:

2415 SOUTH BABCOCK STREET
SUITE C
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

2415 SOUTH BABCOCK STREET
SUITE C
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 45-2929182 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AWOBUSUYI, OLUWASEUN
2415 SOUTH BABCOCK STREET
SUITE C
MELBOURNE, FL 32901 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: AWOBUSUYI, OLUWASEUN
Address: 2415 SOUTH BABCOCK STREET
City-St-Zip: MELBOURNE, FL 32901

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: OLUWASEUN AWOBUSUYI MGRM 07/17/2012

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