2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2012
Secretary of State

DOCUMENT# L11000093910

Entity Name: RICE CHIROPRACTIC CLINIC, LLC

Current Principal Place of Business:

1808 PARK LAKE ST.
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

1808 PARK LAKE ST.
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 45-2959289 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICE, JODI L DC
1808 PARK LAKE ST
ORLANDO, FL FL 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: RICE, JODI L
Address: 1808 PARK LAKE
City-St-Zip: ORLANDO, FL 32803

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: JODI L RICE MGR 02/27/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date