2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2012
Secretary of State

DOCUMENT# L11000100800

Entity Name: ALLCARE MEDICAL AND INJURY, LLC

Current Principal Place of Business:

1900 BOOTHE CIRCLE
SUITE 100
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

1900 BOOTHE CIRCLE
SUITE 100
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 20-3599723 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLORIDA CHIROPRACTIC HEALTH CENTER, LLC
1900 BOOTHE CIRCLE
SUITE 100
LONGWOOD, FL 32750 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: FLORIDA CHIROPRACTIC HEALTH CENTER
Address: 1900 BOOTHE CIRCLE, SUITE 100
City-St-Zip: LONGWOOD, FL 32750

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: EDUARDO TOBENAS DR. 03/07/2012

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