

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000111781

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Entity Name:** LEGACY CHIROPRACTIC PARTNERS, LLC

**Current Principal Place of Business:**

4000 ST JOHNS AVENUE  
SUITE 35  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

4000 ST JOHNS AVENUE  
SUITE 35  
JACKSONVILLE, FL 32205

**New Mailing Address:**

**FEI Number:** 45-3530370

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH HULSEY & BUSEY, PROFESSIONAL ASSOC  
225 WATER STREET  
SUITE 1800  
JACKSONVILLE, FL 32202 US

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

CARANGUE & CARANGUE P.A.  
5607 UNIVERSITY BLVD W  
JACKSONVILLE, FL 32216 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:** CHERYL C. CARANGUE

04/20/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MANION, JOEL  
**Address:** 4000 ST JOHNS AVENUE, SUITE 35  
**City-St-Zip:** JACKSONVILLE, FL 32205

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:** JOEL MANION

MGR

04/20/2012

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