2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2012
Secretary of State

DOCUMENT# L11000118104

Entity Name: BOZE FAMILY CHIROPRACTIC AND WELLNESS CENTER, LLC

Current Principal Place of Business:

495 MARINER BLVD
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

495 MARINER BLVD
SPRING HILL, FL 34609

New Mailing Address:

FEI Number: 45-3603400 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BOZE, GABRIEL A
107 SUNSET DRIVE
BROOKSVILLE, FL 34601 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: DR
Name: BOZE, GABRIEL A
Address: 495MARINER BLVD
City-St-Zip: SPRING HILL, FL 34609 US

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: GABRIEL A BOZE DR 01/04/2012

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