

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000124004

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** ULTRA CHIROPRACTIC CLINIC LLC

**Current Principal Place of Business:**

5108 15TH STREET EAST SUITE 203  
BRADENTON, FL 34203

**New Principal Place of Business:**

5108 15TH STREET EAST SUITE 203  
BRADENTON, FL 34203 UN

**Current Mailing Address:**

5108 15TH STREET EAST SUITE 203  
BRADENTON, FL 34203

**New Mailing Address:**

950 E LOWELL ST  
LAKELAND, FL 33805 PO

**FEI Number:** 45-3716822

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA PA  
1840 SOUTHWEST 22ND STREET  
4TH FLOOR  
MIAMI, FL 33145 US

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

GLUCK, DIETER  
950 E LOWELL ST  
LAKELAND, FL 33805 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: DIETER H GLUCK

04/03/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GLUCK, DIETER H  
Address: 950 E LOWELL ST  
City-St-Zip: LAKELAND, FL 33805 PO

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: DIETER H GLUCK

MGR

04/03/2012

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