

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000127378

FILED
Apr 10, 2012
Secretary of State

Entity Name: MEYER MEDICAL AND CHIROPRACTIC, LLC

Current Principal Place of Business:

910 NORTH PINE HILLS RD
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

910 NORTH PINE HILLS RD
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 45-3671095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAMALUKE LLC,
910 NORTH PINE HILLS RD
ORLANDO, FL 32808 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: MGRM
Name: ZAMALUKE LLC
Address: 910 NORTH PINE HILLS RD
City-St-Zip: ORLANDO, FL 32808

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: MAX MEYER

MGR

04/10/2012

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