

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000130742

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** ADVANCED CHIROPRACTIC HEALTH AND AWARENESS CENTER, LLC

**Current Principal Place of Business:**

4313 19TH PLACE SW  
NAPLES, FL 34116

**New Principal Place of Business:**

860 111TH AVE. N  
SUITE #7  
NAPLES, FL 34108

**Current Mailing Address:**

4313 19TH PLACE SW  
NAPLES, FL 34116

**New Mailing Address:**

860 111TH AVE N  
SUITE #7  
NAPLES, FL 34108

**FEI Number:** 45-3822797

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUSH, ROBERT E  
14750 INDIGO LAKES CIRCLE  
NAPLES, FL 34119 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: BERGTOLD, MATTHEW R  
Address: 4313 19TH PLACE SW  
City-St-Zip: NAPLES, FL 34116 US

Title: MGRM  
Name: BERGTOLD, RITA L  
Address: 19TH PLACE SW  
City-St-Zip: NAPLES, FL 34116 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 Statutes.

SIGNATURE: MATTHEW BERGTOLD

MGRM

04/30/2012

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