

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000131400

FILED
Mar 13, 2012
Secretary of State

Entity Name: CORE HEALTH CLINIC OF CHIROPRACTIC LLC

Current Principal Place of Business:

800 NORTHWEST 18TH AVE
#6
GAINESVILLE, FL 32609

New Principal Place of Business:

96076 LOFTON SQUARE COURT
#400
YULEE, FL 32097

Current Mailing Address:

312 GOLFVIEW CREST
TEGA CAY, SC 29708

New Mailing Address:

86135 COURTNEY ISLES WAY
3204
YULEE, FL 32097

FEI Number: 45-3833395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WINGFIELD, ROBERT
800 NORTHWEST 18TH AVE
#6
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

RILEY, LEVY III
86135 COURTNEY ISLES WAY
#3204
YULEE, FL 32097 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: LEVY RILEY III

03/13/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: RILEY, LEVY III
Address: 86135 COURTNEY ISLES WAY APT #3204
City-St-Zip: YULEE, FL 32097

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: LEVY RILEY III

MGR

03/13/2012

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