2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2012
Secretary of State

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Entity Name: OCEANBREEZE FAMILY CHIROPRACTIC & ACUPUNCTURE, PLC

Current Principal Place of Business:

3600 N. WICKHAM ROAD
MELBOURNE, FL 32935 US

New Principal Place of Business:

3682 N. WICKHAM ROAD
STE-A
MELBOURNE, FL 32935 US

Current Mailing Address:

3600 N. WICKHAM ROAD
MELBOURNE, FL 32935 US

New Mailing Address:

3682 N. WICKHAM ROAD
STE-A
MELBOURNE, FL 32935 US

FEI Number: 45-3770679 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TOLLESON, LINDY
3600 N. WICKHAM ROAD
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

TOLLESON, LINDY
3682 N. WICKHAM ROAD
STE-A
MELBOURNE, FL 32935 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: LINDY TOLLESON 04/30/2012
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: TOLLESON, LINDY
Address: 3682 N. WICKHAM ROAD STE-A
City-St-Zip: MELBOURNE, FL 32935 US

Title: MGR
Name: BIONDI, MARK
Address: 3682 N. WICKHAM ROAD STE-A
City-St-Zip: MELBOURNE, FL 32935 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: LINDY TOLLESON MGR 04/30/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date