2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2012
Secretary of State

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Entity Name: CHIROPRACTIC & PHYSICAL THERAPY OF FLORIDA, LLC

Current Principal Place of Business:

5108 N. HABANA AVE., SUITE 1
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

5108 N. HABANA AVE., SUITE 1
TAMPA, FL 33614

New Mailing Address:

FEI Number: 45-4038207 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

UNDERWOOD, WENDELL
5108 N. HABANA AVE., SUITE 1
TAMPA, FL 33614 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: UNDERWOOD, WENDELL
Address: 5108 N. HABANA AVE., SUITE 1
City-St-Zip: TAMPA, FL 33614

Title: MGRM
Name: SUH, YOUNGSOO
Address: 5108 N. HABANA AVE., SUITE 1
City-St-Zip: TAMPA, FL 33614

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: WENDELL M. UNDERWOOD MGR 04/26/2012

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