

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000143584

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Entity Name:** ST. PETE CHIROPRACTIC AND INJURY CENTER, LLC

**Current Principal Place of Business:**

4040 TAMPA ROAD  
OLDSMAR, FL 34677

**New Principal Place of Business:**

2206 4TH ST NORTH  
ST. PETERSBURG, FL 33704 UN

**Current Mailing Address:**

4040 TAMPA ROAD  
OLDSMAR, FL 34677

**New Mailing Address:**

**FEI Number:** 45-4292637

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONFORTI, CARL G  
4040 TAMPA ROAD  
SUITE 102  
OLDSMAR, FL 34677 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: CONFORTI, CARL G  
Address: 4040 TAMPA ROAD  
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM  
Name: TURNER, MICHAEL B  
Address: 4040 TAMPA ROAD  
City-St-Zip: OLDSMAR, FL 34677

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: CARL CONFORTI

MGRM

04/02/2012

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