

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001419

FILED
Apr 07, 2009
Secretary of State

Entity Name: NORTH CENTRAL FLORIDA CHIROPRACTIC ASSOCIATES LLC

Current Principal Place of Business:

11730 SOUTHEAST HWY. 441
BELLEVIEW, FL 34420

New Principal Place of Business:

Current Mailing Address:

11730 SOUTHEAST HWY. 441
BELLEVIEW, FL 34420

New Mailing Address:

FEI Number: 88-0490919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEESE, DENNIS R
11730 SOUTHEAST HWY. 441
BELLEVIEW, FL 34420 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: MGR () Delete
Name: SEESE, DENNIS R
Address: 11730 SOUTHEAST HWY. 441
City-St-Zip: BELLEVIEW, FL 34420

Title: MGR () Delete
Name: MOBLEY, DAWNNA
Address: 5809 S.E. ROBINSON RD.
City-St-Zip: BELLEVIEW, FL 34420

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DR. DENNIS R. SEESE

CEO

04/07/2009

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