

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000101155

**Entity Name:** THE CHIROPRACTIC CENTER, LLC

**Current Principal Place of Business:**

32749 RADIO RD  
LEESBURG, FL 34788

**Current Mailing Address:**

32749 RADIO RD  
LEESBURG, FL 34788 US

**FEI Number:** 27-1152800

**Certificate of Status Desired:** No

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

MORREALE, JOSEPH M  
9816 FAIRWAY CIR  
LEESBURG, FL 34788 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MORREALE, JOSEPH M  
Address 9816 FAIRWAY CIR  
City-State-Zip: LEESBURG FL 34788

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSEPH MORREALE

**OWNER**

**03/21/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date