

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000092037

**Entity Name:** LANZISERA CHIROPRACTIC MEDICINE LLC

**Current Principal Place of Business:**

17 DAVIS BOULEVARD, #401  
TAMPA, FL 33606

**Current Mailing Address:**

17 DAVIS BOULEVARD, #401  
TAMPA, FL 33606

**FEI Number:** 46-0527762

**Certificate of Status Desired:** No

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

LANZISERA, FRANK DR.  
106 ADALIA AVE  
TAMPA, FL 33606 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:** DR. FRANK LANZISERA

04/30/2013

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	ST
Name	LANZISERA, FRANK	Name	LANZISERA, FRANK
Address	17 DAVIS BOULEVARD, #401	Address	17 DAVIS BOULEVARD, #401
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606

*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:** FRANKLANZISERA

**PRESIDENT**

04/30/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date