

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000094020

Entity Name: MERRITT CHIROPRACTIC HEALTH & WELLNESS LLC

Current Principal Place of Business:

1680 SW BAYSHORE BLVD.
SUITE 107
PORT ST. LUCIE, FL 34984

Current Mailing Address:

1680 SW BAYSHORE BLVD.
SUITE 107
PORT ST. LUCIE, FL 34984 US

FEI Number: 46-0626728

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MERRITT, ROBERT BDC
1680 SW BAYSHORE BLVD.
SUITE107
PORT ST. LUCIE, FL 34984 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 MERRITT, ROBERT BDC
Address 1680 SW BAYSHORE BLVD., SUITE
107
City-State-Zip: PORT ST. LUCIE FL 34984

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: ROBERT B. MERRITT DC

OWNNER /MANAGER

04/30/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date