

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000108531

Entity Name: CHIROPRACTIC CARE OF FLORIDA, LLC

Current Principal Place of Business:

4985 HOFFNER AVENUE
SUITE #2
ORLANDO, FL 32812

Current Mailing Address:

4985 HOFFNER AVENUE
SUITE 2
ORLANDO, FL 32812 US

FEI Number: 46-0848963

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAYLA, REGINA L
11874 ATLIN DR.
ORLANDO, FL 32837 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 MGRM
Name BAYLA, REGINA L
Address 11874 ATLIN DR.
City-State-Zip: ORLANDO FL 32837

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: REGINA L. BAYLA

OWNER

04/11/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date