2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2014
Secretary of State
CC4003402744

DOCUMENT# L12000133614

Entity Name: MURPHY CHIROPRACTIC HEALTH CENTER, LLC

Current Principal Place of Business:

124 TUSCAN WAY
SUITE 103
ST. AUGUSTINE, FL 32092

Current Mailing Address:

124 TUSCAN WAY
SUITE 103
ST. AUGUSTINE, FL 32092 US

FEI Number: 46-1278324

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MURPHY, MARK
124 TUSCAN WAY
SUITE 103
ST. AUGUSTINE, FL 32092 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	MURPHY, MARK
Address	124 TUSCAN WAY SUITE 103
City-State-Zip:	ST. AUGUSTINE FL 32092

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK MURPHY MANAGER 04/18/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date