2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2013
Secretary of State
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Entity Name: BOLD CITY CHIROPRACTIC, LLC

Current Principal Place of Business:

8102 BLANDING BLVD STE 11
JACKSONVILLE, FL 32244

Current Mailing Address:

8102 BLANDING BLVD STE 11
JACKSONVILLE, FL 32244

FEI Number: 46-1470239

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COHEN FLORIDA
475 MONTGOMERY PLACE
ALTAMONTE SPRINGS, FL 32714 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	Title	MANAGING MEMBER
Name	ZOVATH, ERIN	Name	ZOVATH, ZACHARY J
Address	8102 BLANDING BLVD STE 11	Address	8102 BLANDING BLVD STE 11
City-State-Zip:	JACKSONVILLE FL 32244	City-State-Zip:	JACKSONVILLE FL 32244

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: ERIN M ZOVATH MGRM 04/23/2013

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