2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2014
Secretary of State
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Entity Name: ST. JOHNS CHIROPRACTIC & NUTRITION, LLC

Current Principal Place of Business:

35 KNIGHT BOXX ROAD
SUITE 3
ORANGE PARK, FL 32065

Current Mailing Address:

35 KNIGHT BOXX ROAD
SUITE 3
ORANGE PARK, FL 32065 US

FEI Number: 46-3066564

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JOHN, RANDY L DC
35 KNIGHT BOXX ROAD
SUITE 3
ORANGE PARK, FL 32065 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	MANAGER
Name	JOHN, RANDY L DC
Address	35 KNIGHT BOXX ROAD, SUITE 3
City-State-Zip:	ORANGE PARK FL 32065

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: RANDY L JOHN MANAGER 04/24/2014

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