


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90027 050 \*\*\*\*50.00

**DOCUMENT # L03000025243**

1. Entity Name  
**CHIROPRACTIC OF SOUTH FLORIDA, LLC**



Principal Place of Business  
**14838 SOUTH MILITARY TRAIL  
 DELRAY BEACH, FL 33484**

Mailing Address  
**P.O. BOX 8383  
 DELRAY BEACH, FL 33484**

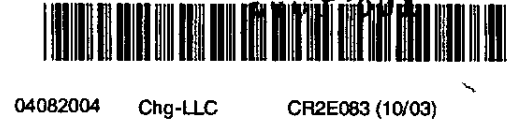
2. Principal Place of Business  
**601 N. Congress Ave**

3. Mailing Address  
 Suite, Apt. #, etc.  
**Suite 417**

City & State  
**Delray Beach, FL**

City & State  
 City & State

Zip  
**33445** Country  
**USA**



4. FEI Number  
**42-1598927**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HOLLANDER, JOSHUA DR  
 7518 COURTYARD RUN EAST  
 BOCA RATON, FL 33433**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **Joshua Hollander** DATE **4/8/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2004**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HOLLANDER, ALIZA 7518 COURTYARD RUN EAST BOCA RATON, FL 33433</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: *[Signature]* **DC** DATE: **4/8/04** DAYTIME PHONE #: **861-638-9461**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE