

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025243

FILED
Mar 21, 2006
Secretary of State

Entity Name: CHIROPRACTIC OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

660 LINTON BOULEVARD BOULEVARD
SUITE 212
DELRAY BEACH, FL 33444

New Principal Place of Business:

14838 MILITARY TRAIL
DELRAY BEACH, FL 33484

Current Mailing Address:

P.O. BOX 8383
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 42-1598927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLANDER, JOSHUA DR
7518 COURTYARD RUN EAST
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOLLANDER, ALIZA
Address: 7518 COURTYARD RUN EAST
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: ALIZA HOLLANDER

MGRM

03/21/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date