




2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 20, 2005 8:00 am
Secretary of State

07-20-2005 90065 025 ****55.00

DOCUMENT # L04000072221			
1. Entity Name MOSCOW CHIROPRACTIC LLC			
Principal Place of Business 1400 GOODLETTE RD. NAPLES, FL 34102		Mailing Address 1400 GOODLETTE RD. NAPLES, FL 34102	
2. Principal Place of Business 11215 Park Blvd Suite, Apt. #, etc.		3. Mailing Address 11215 Park Blvd Suite, Apt. #, etc.	
City & State Seminole, FL 33772 USA		City & State Seminole, FL 33772 USA	
6. Name and Address of Current Registered Agent MOSCOW, JEFFREY M DR. 2214 ARBOUR WALK CIRLCE #2012 NAPLES, FL 34109		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13209 Whispering Palms Place Apt 608 City Largo FL Zip Code 33774	
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.		4. FEI Number 20-1781179 Applied For Not Applicable	
SIGNATURE 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required <input checked="" type="checkbox"/> X 7/16/05 DATE	
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JEFFREY, MOSCOW DR. 2214 ARBOUR WALK CIRLCE #2012 NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 13209 Whispering Palms Place Apt 608 Largo, FL 33774
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 		X 7/16/05 Date Daytime Phone #	