


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000016854 1. Entity Name SPINAL HEALTH CLINIC L.L.C.	
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FILED
 08 JUN 13 PH 4: 55
 STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business 3015 POWELL ST. TALLAHASSEE, FL 32308		Mailing Address P.O. BOX 21093 TALLAHASSEE, FL 32316	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	City & State	City & State
Zip	Country	Zip	Country

06132008 Chg-LLC CR2E083 (12/06)

4. FEI Number 84-1672976	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent PUNYANIYAMA, NAWAWAN PH.D. 1112 CARISSA DRIVE TALLAHASSEE, FL 32308	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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BK

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

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CASE, GILBERT PH.D. P.O. BOX 21093 TALLAHASSEE, FL 32316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400131507154 06/19/08--01040--013 **138.75 <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 exemptions contained in Chapter 119, 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]* 6-13-08 850 6566464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #