

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042602

FILED
Jan 14, 2009
Secretary of State

Entity Name: ASHLEY PARK CHIROPRACTIC, L.L.C.

Current Principal Place of Business:

7651 ASHLEY PARK COURT
SUITE 404
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

7651 ASHLEY PARK COURT
SUITE 404
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 20-2768760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOSINSKY, DR. MARK ADAM
6412 QUEENSBOROUGH AVENUE, #208
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

KOSINSKY, MARK A
6412 QUEENSBOROUGH AVENUE, #208
ORLANDO, FL 32835 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: MARK KOSINSKY

01/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KOSINSKY, EVELYN IRENE
Address: 6412 QUEENSBOROUGH AVENUE, #208
City-St-Zip: ORLANDO, FL 32835

Title: MGRM () Delete
Name: KOSINSKY, DR. MARK ADAM
Address: 6412 QUEENSBOROUGH AVENUE, #208
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KOSINSKY, EVELYN IRENE
Address: 7651 ASHLEY PARK COURT #404
City-St-Zip: ORLANDO, FL 32835

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

I hereby certify that the information supplied with this filing does not qualify 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: MARK KOSINSKY

MGRM

01/14/2009

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