

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000006610

FILED
Jun 13, 2009
Secretary of State

Entity Name: CHIROPRACTIC CENTER OF SOUTH FLORIDA LLC

Current Principal Place of Business:

2565 NORTH HIATUS ROAD
EMASSY LAKES SHOPPING CENTER
COOPER CITY, FL 330261371 US

New Principal Place of Business:

Current Mailing Address:

2565 NORTH HIATUS ROAD
EMASSY LAKES SHOPPING CENTER
COOPER CITY, FL 330261371 US

New Mailing Address:

FEI Number: 45-0549332 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

OLIVEIRA, BETSY
2565 NORTH HIATUS ROAD
COOPER CITY, FL 330261371 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: PINTO, DIAMANTINO
Address: 832 VALLEY ST
City-St-Zip: VAUXHALL, NJ 07088 US

Title: MGRM (X) Delete
Name: OLIVEIRA, BETSY
Address: 2041 NW 178TH TERR
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM (X) Delete
Name: PINTO, NATIVIDADE
Address: 832 VALLEY ST
City-St-Zip: VAUXHALL, NJ 07088

Title: MGRM (X) Delete
Name: OLIVEIRA, JOSE
Address: 2041 NW 178TH TERR
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: OLIVEIRA, BETSY
Address: 2565 NORTH HIATUS ROAD
City-St-Zip: COOPER CITY, FL 330261371 US

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

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

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: BETSY OLIVEIRA

MGRM

06/13/2009

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