

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001862

FILED
Jun 29, 2005
Secretary of State

Entity Name: SCHWARTZ CHIROPRACTIC, L.L.C.

Current Principal Place of Business:

1170C EAST HALLANDALE BEACH BLVD.
STE C
HALLANDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

1170C EAST HALLANDALE BEACH BLVD.
STE C
HALLANDALE, FL 33309 US

New Mailing Address:

FEI Number: 65-0995929 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:

SCHWARTZ, KEITH
2999 N.E. 191ST STREET
SUITE 403
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

SCHWARTZ, KEITH
468 N PARKWAY
GOLDEN BCH, FL 33180 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:

06/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHWARTZ, KEITH
Address: 1170 C EAST HALLANDALE BCH BLVD
City-St-Zip: HALLANDALE, FL 33009

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 Section 119.07(3)(i), 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: DR. KEITH SCHWARTZ

OWNE

06/29/2005

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