

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001862

FILED  
Mar 14, 2006  
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 ( )

**Name and Address of Current Registered Agent:**

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

MNGR

03/14/2006

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