


# 2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 FEB -8 AM 10:23

|  |   |                           |   |   |  |
|--|---|---------------------------|---|---|--|
| DOCUMENT # L00000010844  |   |                           |   |  |  |
| <b>1. Entity Name</b><br>CHIROPRACTIC NETWORK SOLUTIONS, LLC   |   |                           |   |   |  |
| <b>Principal Place of Business</b><br>1575 SAN IGNACIO AVENUE<br>5TH FLOOR<br>CORAL GABLES, FL 33146   |   |                           | <b>Mailing Address</b><br>1575 SAN IGNACIO AVENUE<br>CORAL GABLES, FL 33146   |   |  |
| <b>2. Principal Place of Business</b>  |   | <b>3. Mailing Address</b> |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.       |   |   |  |
| City & State   |   | City & State              |   | 10282004    Chg-LLC    CR2E083 (10/03)  |  |
| Zip  |   | Country                   |   | <b>4. FEI Number</b><br>65-1037996  |  |
|  |   |                           |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |   |                           |   | <b>\$5.00</b> Additional Fee Required   |  |
| <b>6. Name and Address of Current Registered Agent</b>   |   |                           | <b>7. Name and Address of New Registered Agent</b>  |   |  |
| METSCH, BENJAMIN<br>1455 NW 14TH ST.<br>MIAMI, FL 33125  |   |                           | Name<br>GREG DENES<br>Street Address (P.O. Box Number is Not Acceptable)<br>14255 U.S.Highway One, Suite 243<br>City    Juno Beach, FL 33408 <b>FL</b> Zip Code 33408 |   |  |
| <b>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.</b>   |   |                           |   |   |  |
| SIGNATURE _____  |   |                           | DATE 12/5/04  |   |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   |   |                           |   |   |  |
| <b>Amended AR is \$50.00</b>   |   |                           | Make check payable to<br>Florida Department of State  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |                           | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>METSCH, BENJAMIN R<br>1455 NW 14TH STREET<br>MIAMI, FL 33144 |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | CANTILLO, JULIAN<br>1575 San Ignacio Avenue, Ste. 400<br>Miami, FL 33146          |  |
|  | <input type="checkbox"/> Delete                                     |                           |   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
|  | <input type="checkbox"/> Delete                                     |                           |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
|  | <input type="checkbox"/> Delete                                     |                           |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
|  | <input type="checkbox"/> Delete                                     |                           |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
|  | <input type="checkbox"/> Delete                                     |                           |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
|  | <input type="checkbox"/> Delete                                     |                           |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>11. I hereby certify that the information supplied with this filing does not qualify 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 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.</b> |   |                           |   |   |  |
| SIGNATURE: _____   |   |                           | Date 11/26/04    Daytime Phone # 305 990-0443   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |                           |   |   |  |