

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000010844

**FILED**  
**Jan 25, 2006**  
**Secretary of State**

**Entity Name:** CHIROPRACTIC NETWORK SOLUTIONS, LLC

**Current Principal Place of Business:**

1575 SAN IGNACIO AVENUE  
5TH FLOOR  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

1575 SAN IGNACIO AVENUE  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 65-1037996

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DENES, GREG  
14255 U.S. HIGHWAY ONE  
SUITE 243  
JUNO BEACH, FL 33408 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:** MGR ( ) Delete  
**Name:** CANTILLO, JULIAN  
**Address:** 1575 SAN IGNACIO AVENUE, SUITE 400  
**City-St-Zip:** MIAMI, FL 33146

**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:** JULIAN CANTILLO

MGR

01/25/2006

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