

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000010844

FILED  
Jan 23, 2003  
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:**

METSCH, BENJAMIN  
1455 NW 14TH ST.  
MIAMI, FL 33125

**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/MEMBERS:**

Title: MGR ( ) Delete  
Name: METSCH, BENJAMIN R  
Address: 1455 NW 14TH STREET  
City-St-Zip: MIAMI, FL 33144

**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: BENJAMIN R. METSCH

MGR

01/23/2003

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