2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2005
Secretary of State

DOCUMENT# L01000001117

Entity Name: VOGEL CHIROPRACTIC CLINIC LLC

Current Principal Place of Business:

3729 NOVA ROAD
PORT ORANGE, FL 32127

New Principal Place of Business:

3729 NOVA ROAD
PORT ORANGE, FL 32129

Current Mailing Address:

3729 NOVA ROAD
PORT ORANGE, FL 32127

New Mailing Address:

3729 NOVA ROAD
PORT ORANGE, FL 32129

FEI Number: 59-3700573 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VOGEL, TRUDI E
3729 NOVA ROAD
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

VOGEL, TRUDI E
3729 NOVA ROAD
PORT ORANGE, FL 32129 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: TRUDI E. VOGEL 03/08/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: VOGEL, TRUDI
Address: 3729 NOVA RD
City-St-Zip: PORT ORANGE, FL 32129

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: TRUDI E. VOGEL MGRM 03/08/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date