

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001117

FILED
Apr 04, 2006
Secretary of State

Entity Name: VOGEL CHIROPRACTIC CLINIC LLC

Current Principal Place of Business:

3729 NOVA ROAD
PORT ORANGE, FL 32129

New Principal Place of Business:

4016 NOVA ROAD
SUITE H
PORT ORANGE, FL 32127

Current Mailing Address:

3729 NOVA ROAD
PORT ORANGE, FL 32129

New Mailing Address:

4016 NOVA ROAD
SUITE H
PORT ORANGE, FL 32127

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 32129 US

Name and Address of New Registered Agent:

VOGEL, TRUDI E
4016 NOVA ROAD
SUITE H
PORT ORANGE, FL 32127 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:

04/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VOGEL, TRUDI E
Address: 4016 NOVA RD; SUITE H
City-St-Zip: PORT ORANGE, FL 32127

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: TRUDI E VOGEL

MGRM

04/04/2006

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