

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001117

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** VOGEL CHIROPRACTIC CLINIC LLC

**Current Principal Place of Business:**

1780 S. NOVA ROAD  
SUITE 4  
S. DAYTONA, FL 32119

**New Principal Place of Business:**

**Current Mailing Address:**

1780 S. NOVA ROAD  
SUITE 4  
S. DAYTONA, FL 32119

**New Mailing Address:**

**FEI Number:** 59-3700573

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VOGEL, TRUDI E  
1780 S NOVA ROAD  
SUITE 4  
S DAYTONA, FL 32119 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:** MGRM ( ) Delete  
**Name:** VOGEL, TRUDI E  
**Address:** 1780 S NOVA RD; SUITE 4  
**City-St-Zip:** S DAYTONA, FL 32119

**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 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, DC

MGRM

04/22/2009

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