

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000005458

1. Entity Name  
CASSARA CHIROPRACTIC CENTER, P.L.C.



Principal Place of Business  
1125 12TH STREET, SUITE B  
VERO BEACH, FL 32960

Mailing Address  
1125 12TH STREET, SUITE B  
VERO BEACH, FL 32960

**DO NOT WRITE IN THIS SPACE**



06302004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
59-2046845

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CASSARA, SAMUEL  
1125 12TH STREET, SUITE B  
VERO BEACH, FL 32960

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
CASSARA, SAMUEL J  
1125 12TH STREET SUITE B  
VERO BEACH, FL 32960

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
ADMAS, LINDA  
1125 12TH STREET SUITE B  
VERO BEACH, FL 32960

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000164122  
07/07/04-80032-017 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Samuel J. Cassara

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-30-04 772-562-7441

Date

Daytime Phone #