

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005458

FILED  
May 16, 2008  
Secretary of State

**Entity Name:** CASSARA CHIROPRACTIC CENTER, P.L.C.

**Current Principal Place of Business:**

1060 6TH AVE.  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

1060 6TH AVE.  
VERO BEACH, FL 32960

**New Mailing Address:**

**FEI Number:** 59-2046845      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CASSARA, SAMUEL  
1060 6TH AVE  
VERO BEACH, FL 32960      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: CASSARA, SAMUEL J  
Address: 1060 6TH AVE  
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM      ( ) Delete  
Name: ADMAS, LINDA  
Address: 1060 6TH AVE  
City-St-Zip: VERO BEACH, FL 32960

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SAMUEL J. CASSARA

MGRM

05/16/2008

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