2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# L01000005458

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:

1255 37TH STREET
SUITE B
VERO BEACH, FL 32960

Current Mailing Address:

1060 6TH AVE.
VERO BEACH, FL 32960

New Mailing Address:

1255 37TH STREET
SUITE B
VERO BEACH, FL 32960

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:

CASSARA, SAMUEL
1060 6TH AVE
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

CASSARA, SAMUEL
1255 37TH STREET
SUITE B
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: _____ 06/23/2009
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: MGRM (X) Change ( ) Addition
Name: CASSARA, SAMUEL J
Address: 1255 37TH STREET SUITE B
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM (X) Change ( ) Addition
Name: ADMAS, LINDA
Address: 1255 37TH STREET SUITE B
City-St-Zip: VERO BEACH, FL 32960

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 06/23/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date