2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 16, 2004 8:00 am
Secretary of State
04-01-2004 90221 032 ****50.00

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1. Entity Name
PEACHLAND CHIROPRACTIC LIMITED LIABILITY COMPANY

34003454

Principal Place of Business	Mailing Address
24123 CI PEACHLAND BLVD. PORT CHARLOTTE, FL 33954	24123 CI PEACHLAND BLVD. PORT CHARLOTTE, FL 33954

DO NOT WRITE IN THIS SPACE

03062004No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1126921
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HARMS, DOUGLAS SR.
24123 CI PEACHLAND BLVD.
PORT CHARLOTTE, FL 33954

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	HARMS, DOUGLAS R
STREET ADDRESS	24123 C1 PEACHLAND BLVD
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Douglas R Harms 4/9/04 941-255-0424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #