2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2005
Secretary of State

DOCUMENT# L01000010872

Entity Name: PEACHLAND CHIROPRACTIC LIMITED LIABILITY COMPANY

Current Principal Place of Business:

24123 CI PEACHLAND BLVD.
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

Current Mailing Address:

24123 CI PEACHLAND BLVD.
PORT CHARLOTTE, FL 33954

New Mailing Address:

FEI Number: 65-1126921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Title: P ( ) Delete
Name: HARMS, DOUGLAS R
Address: 24123 C1 PEACHLAND BLVD
City-St-Zip: PORT CHARLOTTE, FL 33954

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HARMS, DOUGLAS R
Address: 24123 C1 PEACHLAND BLVD
City-St-Zip: PORT CHARLOTTE, FL 33954

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DOUGLAS R. HARMS MGR 03/29/2005

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