2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# L01000010872

Entity Name: PEACHLAND CHIROPRACTIC HEALTH L.L.C.

Current Principal Place of Business:

24150 TISEO BLVD UNIT 4
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

Current Mailing Address:

24150 TISEO BLVD UNIT 4
PORT CHARLOTTE, FL 33980

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:

HARMS, DOUGLAS R SR.
24150 TISEO BLVD UNIT 4
PORT CHARLOTTE, FL 33980 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: DOUGLAS R HARMS 04/22/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) 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 SR.
Address: 24150 TISEO BLVD UNIT 4
City-St-Zip: PORT CHARLOTTE, FL 33980

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: DOUGLAS R HARMS MGR 04/22/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date