2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015579

Entity Name: ABC CHIROPRACTIC, LLC

FILED Apr 28, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

930 S. HARBOR CITY BLVD. 6420 3RD STREET SUITE 505 SUITE 104

MELBOURNE, FL 32901 ROCKLEDGE, FL 32955

Current Mailing Address: New Mailing Address:

930 S. HARBOR CITY BLVD. 6420 3RD STREET

SUITE 505 SUITE 104

MELBOURNE, FL 32901 ROCKLEDGE, FL 32955

FEI Number: 59-3742631 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FRESE, GARY B 930 S. HARBOR CITY BLVD. SUITE 505 MELBOURNE, FL 32901

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:

Name:

Address:

City-St-Zip:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

MGR () Delete GREENBERG, MITCHELL R 930 S. HARBOR CITY BLVD. City-St-Zip: MELBOURNE, FL 32901

MELBOURNE, FL 32901

Title: MGR () Delete Name: HELTON, RICHARD D Address: 930 S. HARBOR CITY BLVD.

ADDITIONS/CHANGES:

(X) Change () Addition

HELTON, RICHARD D Name: Address: 6420 3RD STREET City-St-Zip: ROCKLEDGE, FL 32955

Title: MGR (X) Change () Addition Name: GREENBERG, MITCHELL R Address: 930 S. HARBOR CITY BLVD. City-St-Zip: MELBOURNE, FL 32901

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: RICHARD D. HELTON 04/28/2004