

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016065

FILED  
Aug 05, 2004  
Secretary of State

Entity Name: CHIROTROPIC ASSOCIATES, LLC

## Current Principal Place of Business:

10101 CHESHUNT DRIVE  
ORLANDO, FL 32817 US

## New Principal Place of Business:

296 MCKAY BLVD  
SANFORD, FL 32771 US

## Current Mailing Address:

10101 CHESHUNT DRIVE  
ORLANDO, FL 32817 US

## New Mailing Address:

296 MCKAY BLVD  
SANFORD, FL 32771 US

FEI Number: 02-0705190

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDERS, MARC C DR.  
10101 CHESHUNT DRIVE  
ORLANDO, FL 32817 US

## Name and Address of New Registered Agent:

ANDERS, MARC C DR.  
296 MCKAY BLVD  
SANFORD, FL 32771 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: MARC C. ANDERS

08/05/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: ANDERS, MARC C DR  
Address: 10101 CHESTNUR DRIVE  
City-St-Zip: ORLANDO, FL 32817

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ANDERS, MARC C DR  
Address: 296 MCKAY BLVD  
City-St-Zip: SANFORD, FL 32771

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: MARC C. ANDERS

MGRM

08/05/2004

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