

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90282 040 \*\*\*\*50.00

DOCUMENT # L02000017181

1. Entity Name  
HELPING HANDS CHIROPRACTIC CENTER, LC



Principal Place of Business  
4400 NW 23RD AVE., SUITE D  
GAINESVILLE, FL 32606-6562

Mailing Address  
4400 NW 23RD AVE., SUITE D  
GAINESVILLE, FL 32606-6562

20005611



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

02262007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
13-4203853

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAMBERLAIN, STEVEN M  
618 NE 1ST STREET  
GAINESVILLE, FL 32606-6562

Name  
FAAS, MICHAEL A.

Street Address (P.O. Box Number is Not Acceptable)  
4400 NW 23RD AVENUE

City  
GAINESVILLE

FL

Zip Code  
32606

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
FAASIDC, MICHAEL A  
4400 NW 23RD AVE.  
GAINESVILLE, FL 32606 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
FAAS, MICHAEL A.  
4400 NW 23RD AVENUE  
GAINESVILLE, FL 32606 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
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CITY - ST - ZIP ☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Michael A. Faas*

MICHAEL A. FAAS

2/25/07

352-371-4120