

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2008 08:00 A**  
**Secretary of State**

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



03032008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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

FAAS, MICHAEL A  
4400 NW 23RD AVENUE  
GAINESVILLE, FL 32606-6562

**DO NOT WRITE  
IN THIS SPACE**

I, the above named entity, submit 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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000854469  
03/27/08-80009-005 138.75

9. MANAGING MEMBERS/MANAGERS

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

**DO NOT WRITE  
IN THIS SPACE**

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:

*Michael A Faas*

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

3/10/08

DATE

352-371-4120

DAYTIME PHONE #