2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L02000026660

Entity Name: FINNIE CHIROPRACTIC CENTER LLC

Current Principal Place of Business:

1130 SOUTH SEMORAN BOULEVARD
SUITE E
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

1130 SOUTH SEMORAN BOULEVARD
SUITE E
ORLANDO, FL 32807

New Mailing Address:

FEI Number: 48-1278962 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ARNOLD,MATHEY & EAGAN, P.A.
801 N. MAGNOLIA AVENUE STE. 201
ORLANDO, FL 32802 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FINNIE, JAMES DC
Address: 10036 RIVER GLEN CT.
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JAMES D. FINNIE, DC MGR 04/14/2009

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