

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-07-2004 90349 018 ****50.00

DOCUMENT # L03000009800					
1. Entity Name BACK & NECK CARE CENTER, L.L.C.					
Principal Place of Business 3044 WEST NEW HAVEN AVENUE MELBOURNE, FL 32904			Mailing Address 3044 WEST NEW HAVEN AVENUE MELBOURNE, FL 32904		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 32-0067630	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MIGLIS, REGINA ANNE 3044 WEST NEW HAVEN AVENUE MELBOURNE, FL 32904			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <i>Regina A Miglis</i> (NOTE: Registered Agent signature required when resigning) DATE 4/5/04					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Office Manager Regina Miglis Same</i>	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Mitchell F. Miglis, D.C. 3044 W New Haven Ave Melbourne, FL 32904</i>	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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 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 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: <i>Regina A Miglis</i>			DATE: 4/5/04 321 6767321		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE		