

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90177 037 ****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 <i>7074 Pinecrest Ave</i>		3. Mailing Address <i>7074 Pinecrest Ave</i>																						
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																						
City & State <i>Same</i>		City & State <i>Same</i>																						
Zip <i>Same</i>		Zip <i>Same</i>																						
Country 		Country 																						
4. FEI Number 32-0067630		Applied For Not Applicable																						
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																								
6. Name and Address of Current Registered Agent MIGLIS, DC, MITCHELL F 7074 PINECREST 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>Mitchell F. Miglis, Jr. President</i> DATE <i>2/17/06</i> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																								
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																						
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIGLIS, MITCHELL F DC</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>3044 W NEW HAVEN AVE MELBOURNE, FL 32904</td> <td></td> </tr> </table>		TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	MIGLIS, MITCHELL F DC		CITY-ST-ZIP	3044 W NEW HAVEN AVE MELBOURNE, FL 32904		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><i>Same</i></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><i>7074 Pinecrest Avenue</i></td> <td></td> </tr> <tr> <td></td> <td><i>Same</i></td> <td></td> </tr> </table>		TITLE	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS	<i>Same</i>		CITY-ST-ZIP	<i>7074 Pinecrest Avenue</i>			<i>Same</i>	
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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: <i>Mitchell F. Miglis, Jr.</i>		Date <i>2/17/06</i> 321 6761321																						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																								