2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2007
Secretary of State

DOCUMENT# L03000009800

Entity Name: BACK & NECK CARE CENTER, L.L.C.

Current Principal Place of Business:

7074 PINECREST AVE
MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

7074 PINECREST AVE
MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 32-0067630 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIGLIS, DC, MITCHELL F
7074 PINECREST AVENUE
MELBOURNE, FL 32904 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: P ( ) Delete
Name: MIGLIS, MITCHELL F DC
Address: 7074 PINECREST AVE
City-St-Zip: MELBOURNE, FL 32904

ADDITIONS/CHANGES:

Title: DR. (X) Change ( ) Addition
Name: MIGLIS, MITCHELL F DC
Address: 7074 PINECREST AVE
City-St-Zip: MELBOURNE, FL 32904

I hereby certify that the information supplied with this filing does not qualify for the 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: MITCHELL F. MIGLIS DR. 03/15/2007

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