

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009800

FILED
Feb 07, 2008
Secretary of State

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

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: MITCHELL F. MIGLIS

DR.

02/07/2008

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