

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009800

FILED
Feb 12, 2009
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:

1385 S. WICKHAM ROAD
MELBOURNE, FL 32904

Current Mailing Address:

7074 PINECREST AVE
MELBOURNE, FL 32904

New Mailing Address:

1385 S. WICKHAM ROAD
MELBOURNE, FL 32904

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:

MIGLIS, DC, MITCHELL F
1385 S. WICKHAM ROAD
MELBOURNE, FL 32904 US

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: MITCHELL F. MIGLIS, D.C.

02/12/2009

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: DR. (X) Change () Addition
Name: MIGLIS, MITCHELL F DC
Address: 1385 S. WICKHAM ROAD
City-St-Zip: MELBOURNE, FL 32904

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.

02/12/2009

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