

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011416

FILED  
Mar 16, 2005  
Secretary of State

**Entity Name:** ADVANCED CHIROPRACTIC OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

20 S. BROAD STREET  
BROOKSVILLE, FL 34601

**New Principal Place of Business:**

**Current Mailing Address:**

20 S. BROAD STREET  
BROOKSVILLE, FL 34601

**New Mailing Address:**

**FEI Number:** 54-2103465

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLORIDA & OFFSHORE BUSINESS FORMATION, INC  
20 S. BROAD STREET  
BROOKSVILLE, FL 34601 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MILLER, LOUIS  
Address: 20 S. BROAD STREET  
City-St-Zip: BROOKSVILLE, FL 34601

Title: MGRM ( ) Delete  
Name: MILLER, MILTON  
Address: 20 S. BROAD STREET  
City-St-Zip: BROOKSVILLE, FL 34601

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LOUIS MILLER

MGRM

03/16/2005

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