

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013625

FILED
Apr 28, 2005
Secretary of State

Entity Name: FAMILY FIRST CHIROPRACTIC, LLC

Current Principal Place of Business:

28340 TRAILS EDGE BLVD., G3
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

28340 TRAILS EDGE BLVD., G3
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 59-2536541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, JOEL DR
18412 FUCHSIA RD
FT MYERS, FL 33912 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, KAREN S
Address: 28340 TRAILS EDGE BLVD. G3
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: MGR () Delete
Name: MILLER, JOEL S DR.
Address: 18412 FUCHSIA RD.
City-St-Zip: FT MYERS, FL 33912 US

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: KAREN MILLER

MGRM

04/28/2005

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