

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013625

FILED  
Jan 23, 2006  
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/MANAGERS:**

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 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:** KAREN MILLER

MGRM

01/23/2006

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