

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013625

FILED
Jan 17, 2007
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:

MILLER, JOEL DR
21857 RAINBOW LAKE CT.
ESTERO, FL 33928 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:

01/17/2007

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: MGR (X) Change () Addition
Name: MILLER, JOEL S DR.
Address: 21857 RAINBOW LAKE CT
City-St-Zip: ESTERO, FL 33928 US

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

01/17/2007

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