

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90027 050 ****50.00

DOCUMENT # L03000025243 1. Entity Name CHIROPRACTIC OF SOUTH FLORIDA, LLC																													
Principal Place of Business 14838 SOUTH MILITARY TRAIL DELRAY BEACH, FL 33484			Mailing Address P.O. BOX 8383 DELRAY BEACH, FL 33484																										
2. Principal Place of Business 601 N. Congress Ave Suite, Apt. #, etc. Suite 417		3. Mailing Address Suite, Apt. #, etc. 																											
City & State Delray Beach, FL		City & State 		4. FEI Number 42-1598927																									
Zip 33445		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent HOLLANDER, JOSHUA DR 7518 COURTYARD RUN EAST BOCA RATON, FL 33433				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Joshua Hollander 4/8/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>HOLLANDER, ALIZA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7518 COURTYARD RUN EAST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON, FL 33433</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete <input type="checkbox"/>	NAME	HOLLANDER, ALIZA		STREET ADDRESS	7518 COURTYARD RUN EAST		CITY-ST-ZIP	BOCA RATON, FL 33433		TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: 4/8/04 - 861-638-7461 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													